# Impact of Organisational Culture and Human Resource Practices on the Retention of Doctors in Multi-Speciality Tertiary Care Teaching Hospitals in Private and Government Sectors

**THESIS**

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Under the Supervision of

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## CERTIFICATE

This is to certify that the thesis entitled **"Impact of Organisational Culture and Human Resource Practices on the Retention of Doctors in Multi-Speciality Tertiary Care Teaching Hospitals in Private and Government Sectors"** and submitted by **Samuel N. J. David, ID No. 2016PHXF0301H** for the award of Ph.D. of the Institute embodies original work done by him under my supervision.

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Samuel N J David
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# ABSTRACT

The aim of this study is to investigate the factors influencing the job retention for Medical Doctors in Tamil Nadu. It identifies the organisational culture types and parameters that lead towards the retention of doctors in their respective working conditions.

The main objectives of the study are as follows:

i) To identify organisational cultural and human resource factors that affect retention of medical doctors in teaching hospitals - medical college hospitals, in India.

ii) To study the perception of medical doctors about human resources policies and practices in India; and

iii) To recommend human resources policies and practices of Organisational culture that facilitate higher retention in the healthcare industry.

The study was conducted in Tamil Nadu by covering 11 Medical Colleges with a sample size of 517 Medical Doctors involved in teaching and research. The sampling technique followed in this study is stratified Random sampling. Both primary and secondary methods of data collection were used. Primary data was collected by distributing a well-structured questionnaire among the medical doctors. Secondary Data was obtained through journals, publications, websites and reports. For data analysis both parametric and non-parametric tests were applied to the collected data. The statistical tools applied were the Kruskal Wallis Test, Mann Whitney U-Test, Z-test, chi-square test, Correlation and Regression tests were carried out using SPSS IBM version 21 software.

The collected data were further processed and analysed. Data analysis was categorised into four segments: i) Demographic and Professional variables; ii) Human resource (HR) Practises factors; iii) Organisational cultural aspects; and iv) Intention to leave and reason for leaving.

The factors analysis revealed eight factors namely s i) Compensation; ii) Work Recognition; iii) Leadership; iv) Relationship with Peers; v) Work Environment; vi) Training and Development; vii) Career Growth and Management; and viii) Intention to Leave. Further the organisational culture (OC) was assessed for 6 parameters - dominant characteristics, leadership, management of employees, binding glue, strategic emphasis and criteria for success along with four types of cultures. Finally, to identify preference of types of culture, the relationship between the factors of HR, parameters and types of OC over the intention rate was studied.

It was determined that the most predominant factor is relationships with peers. Doctors prefer the clan type of culture in both ideal and existing situations in private and Government College in Tamil Nadu. Factors of HR practices rather than the OC, is a determinant of intention to leave the job. The main reason for leaving the job is dissatisfaction with current earnings.

Organisations can take steps to reduce the likelihood of employee turnover by offering opportunities for career development, providing a supportive work environment, and promoting work-life balance and other such measures.

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# ABBREVIATIONS

| | |
|---|---|
| AMC | Academic Medical Centre |
| AVE | Average Variance Extracted |
| BPR | Business Process Reengineering |
| CHC | Community Health Center |
| CIPD | Chartered Institute of Personnel and Development |
| CMC | Christian Medical College |
| CVF | Competing Values Framework |
| EFA | Exploratory Factor Analysis |
| EFA | Exploratory factor analysis |
| ERG | Existence-Relatedness-Growth |
| GDMO | General Duty Medical Officers |
| GDP | Gross Domestic Product |
| GHWA | Global Health Workforce Alliance |
| HR | Human Resource |
| HRD | Human Resource Department |
| HRM | Human Resource Management |
| HRP | Human Resource Practices |
| JS | Job Satisfaction |
| KMO | Kaiser-Meyer-Olkin |
| MCI | Medical Council of India |
| NHP | National Health Policy |
| NMC | National Medical Council |
| OC | Organisational Culture |
| OCAI | Organisational Culture Assessment Instrument |
| PHC | Public Health Centres |
| QFD | Quality Function Deployment |
| QWL | Quality of Work Life |
| SPC | Statistical Process Control |
| TQM | Total Quality Management |
| WHO | World Health Organisation |
| WLB | Work-Life Balance |

# CHAPTER - 1
# INTRODUCTION

## 1.1 Background of the Study

India, with nearly 18% of the global population among 1.4 billion citizens, grapples with significant challenges in healthcare delivery. By 2030, there could be a shortage of approximately 15 million healthcare workers worldwide (Liu et al., 2017). Despite being one of the fastest-growing economies in terms of GDP, India faces a critical scarcity of healthcare professionals in both public and private sectors. and is expected to become the third-largest economy in 2050 (World Economic Forum Annual Meeting, 2023). Since the Indian healthcare industry is experiencing such growth, hospitals are no longer in survival mode but are gearing up to fill gaps in areas such as people, process, technology and culture, thereby moving towards excellence (Dhawan A, 2015). This shortage is evident in the low doctor-to-patient ratio, high out-of-pocket expenditure, and insufficient staffing in healthcare facilities across the country, particularly in rural areas. The country's ratio of 0.7 doctors per 1000 people is drastically lower than the WHO average of 7.35 (WHO, 2020). Moreover, India's out-of-pocket expenditure on healthcare is among the highest globally, standing at 63%. As of 2019, 9.6% of 24,855 Primary Health Centres (PHCs) in India often lack essential personnel, with a considerable percentage having no doctor and 38.4% of laboratory technicians, 23.9% of pharmacists. Rural community health centres in 2019, face severe gaps in skilled professionals, with a significant number of only 15% of the surgical posts, 13% of the physician posts, 25% of the obstetrics and gynaecology posts, and 20% of the paediatrician posts (India Ministry of Health and Family Welfare Statistics Division, 2018; Deloitee, 2022). Furthermore, the industry grapples with the challenge of high turnover and attrition rates among healthcare professionals, posing concerns for hospitals nationwide. This shortage highlights the pressing need for comprehensive strategies to address workforce deficiencies and improve healthcare accessibility and quality across the nation.

A major challenge faced by the industry is high turnover/attrition. Recruiting and retaining healthcare knowledge professionals is continuing to become the point of concern for all hospitals (Buchan, 1999; Leurer et al., 2007; Acker GM., 2004). According to Beyer et al. (1997) organisations, including those in healthcare, cannot maintain constant/unchanging conditions indefinitely. It is not possible for any organisation - healthcare or otherwise, to have

“constancy”, “sameness” or “status quo” throughout their existence and output. Perceiving stability as stagnation rather than consistency, organisations must acknowledge the necessity of change in their operations and transactions to avoid being perceived as resistant to change or heading towards obsolescence. Stability can sometimes be interpreted as stagnation and not steadiness. Organisations that do not understand their culture and take cognizance of the need for change in business and transactions can sometimes be viewed as “recalcitrant” or on the path of redundancy. The primary conflict often arises between implementing organisational change and maintaining the status quo. As Peter Drucker (1999), a pioneer in modern management, aptly noted, "People no longer understand the world, and past experiences are insufficient to predict the future." Numerous initiatives, such as Business Process Reengineering (BPR), Total Quality Management (TQM), and Strategic Planning (SP), have been implemented, with varying degrees of success.

Change is crucial, particularly at the foundational cultural level. Neglecting organisational culture often leads to elusive success. Organisational culture stands out as the most critical competitive advantage, contributing significantly to an organisation's success. It provides a framework for implementing systematic strategies by internal or external change agents, enabling fundamental changes that support and complement other initiatives for organisational growth and competitiveness. Company values, personal beliefs, and vision also play pivotal roles in achieving success. Many organisational scholars acknowledge the profound impact of organisational culture on organisational performance and long-term effectiveness, as evidenced by studies by Cameron (1988; 2011), Denison (1990), and Trice & Beyer (1993).

Healthcare organisations, similar to other types of organisations, are impacted by both organisational culture and human resource strategies. This influence extends across various healthcare settings, including medical colleges, hospitals, hospices, and nursing homes, whether they operate within the public or private sector. Organisational culture and HR initiatives play a significant role in shaping the attitudes and motivations of core medical staff, influencing their decisions to either remain committed to providing care (retention) or seek opportunities elsewhere (attrition) in pursuit of a more favourable working environment. Such decisions can have implications for the stability and advancement of the organisation, as highlighted by Cameron and Quinn (2011).

India operates a universal healthcare system, implemented collaboratively by its states and union territories. The Indian Constitution allocates responsibilities related to health and social well-being to both the "State list" and the "Concurrent List" (Rao and Panchmukhi,

2019). It mandates every state to prioritise improving nutrition levels, raising living standards, and enhancing public health as fundamental duties. The National Health Policy, endorsed by the Parliament of India under the Ministry of Health and Family Welfare (MoH & FW) in 1983 and updated in 2002, aims to shift from a broad approach to a focused emphasis on primary healthcare through the National Rural Health Mission (Chowdhury, 2015). The primary goal of the National Health Policy (2015) is to strengthen the government's role across various dimensions of the healthcare system, including investment, organisation, financing, disease prevention, health promotion, technology access, human resource development, medical pluralism promotion, knowledge enhancement, financial protection strategies, and health regulation and legislation.

The global ratio of hospital beds to population stands at 2.9 beds per 1000 individuals, whereas in India, this ratio is only 0.5 beds per 1000 individuals, primarily attributed to insufficient budgetary support for public health facilities (WHO, 2020). According to the Economic Survey presented by Finance Minister Nirmala Sitharaman, both central and state governments' budgeted healthcare expenditure increased to 2.1% of GDP in FY23 and 2.2% in FY22, up from 1.6% in FY21 (MoF, n.d.). Since the liberalisation era of the early 1990s, which fostered a free market environment, the private tertiary care sector has emerged as a significant player in the healthcare landscape. Key drivers include patients' financial capacity and profitability, leading to significant investments in multispecialty hospitals and medical colleges by the private sector to deliver high-quality services while ensuring profitability. Meanwhile, the government and public sector are striving to optimise their tertiary care hospitals associated with medical colleges.

India's medical tourism sector has experienced significant growth over the years, with nearly 2 million people travelling from 78 countries annually for medical, wellness, and IVF treatments, generating $6 billion in revenue. However, the sector faced a setback in 2020 due to the COVID-19 pandemic, recording a negative growth of 79.4% as travel restrictions were imposed. Despite this, the industry witnessed a remarkable rebound once restrictions were lifted, with projections indicating substantial growth. By 2022, the sector is estimated to be worth $7,417 million, and by 2032, it is expected to reach $42,237.5 million, with a predicted demand increase of 19% CAGR between 2023 and 2032. India's medical tourism accounts for approximately 6.5% of the global market, fueled by the rise of inbound medical travel. The advent of telemedicine and other technological advancements has further facilitated patient access to top-notch care from anywhere in the world. Additionally, Indian facilitators offer comprehensive services to streamline the medical travel process for patients. Beyond medical

tourism, Indian doctors also play a significant role in major clinical trials and contribute to the healthcare needs of both national and international patients. Moreover, India's position as a major manufacturer of generic drugs adds to its prominence in the global healthcare landscape. (Medical Tourism in India - Everything You Need to Know, 2023)

The primary role of a medical doctor encompasses being a physician/surgeon, a medical educator, and a researcher. India's history includes 600 years of Muslim rule (Anjum, 2007) followed by 200 years under British rule (Tharoor, 2016), during which a significant number of medical colleges were established. At the time of independence, there were approximately 1,500 medical students enrolled in 20 medical colleges. Presently, there are 109,145 medical seats across 706 medical colleges (NMC, 2024). The private sector plays a substantial role in medical education. However, there is a severe shortage of medical teachers, estimated at around 40%, largely due to the rapid expansion of medical colleges. This shortage of medical professionals is a significant challenge both in developed and developing countries, impacting the health service sector nationally and internationally. The shortage is augmented by attraction and retention issues, as the field relies heavily on specially trained medical professionals who are part of a highly technical and skill-based Human Resource (Biswakarma, 2012).

The issue of uneven healthcare worker distribution is a global concern, with Tamil Nadu, India serving as a case study. According to the Global Health Observatory, nearly 40% of WHO member countries have less than ten doctors per 10,000 people, and 26% have fewer than three. In Tamil Nadu, despite initiatives like the Health Sector 2023 project aimed at addressing the shortage of medical professionals, there are only ten doctors for every 10,000 people. Challenges in retaining medical personnel, including a lack of specialists and General Duty Medical Officers (GDMOs), especially in rural areas, worsen this scarcity. Furthermore, the unequal distribution of physicians poses a more significant problem. The severe shortage of Community Health Center (CHC) specialists exacerbates the issue. Despite having one doctor for every 253 people, rural CHCs in Tamil Nadu face a shortage of 1312 specialists, as per Rural Health Statistics for 2020. With Tamil Nadu having the highest physician-to-population ratio at 4 physicians per 1000 people, in line with WHO's recommendation of 1 to 1000, rural communities still suffer due to the majority of doctors being concentrated in urban regions. Efforts to retain rural doctors, such as mandatory rural posts, face challenges, with data showing that 250 doctors in Tamil Nadu opt out of these assignments. Addressing healthcare disparities and improving retention necessitates an understanding of the motivating factors for healthcare professionals. Tamil Nadu, with its high concentration of medical colleges per thousand people, was chosen as the research region. It serves as an example of a

state with a higher density of doctors per thousand people, making it a suitable model for the study (Shanmugapriya et al., 2022).

In a study conducted in Tamil Nadu by Karan et al. (2021), projected estimates suggest that by 2030, the skilled health workforce in India is anticipated to reach 3.03 million, with a density of approximately 20.03 per 10,000 population. These projections are based on data reported by the National Sample Survey Office (NSSO) for health professionals. In Tamil Nadu, the density per 10,000 population includes 7.2 Allopathic Doctors, 20.4 Nurses, and 7.4 Allied Medical Professionals, ranking sixth among Indian states, following Kerala, Delhi, Jammu & Kashmir, Telangana, and the North-eastern states. This information is illustrated in the figure below:

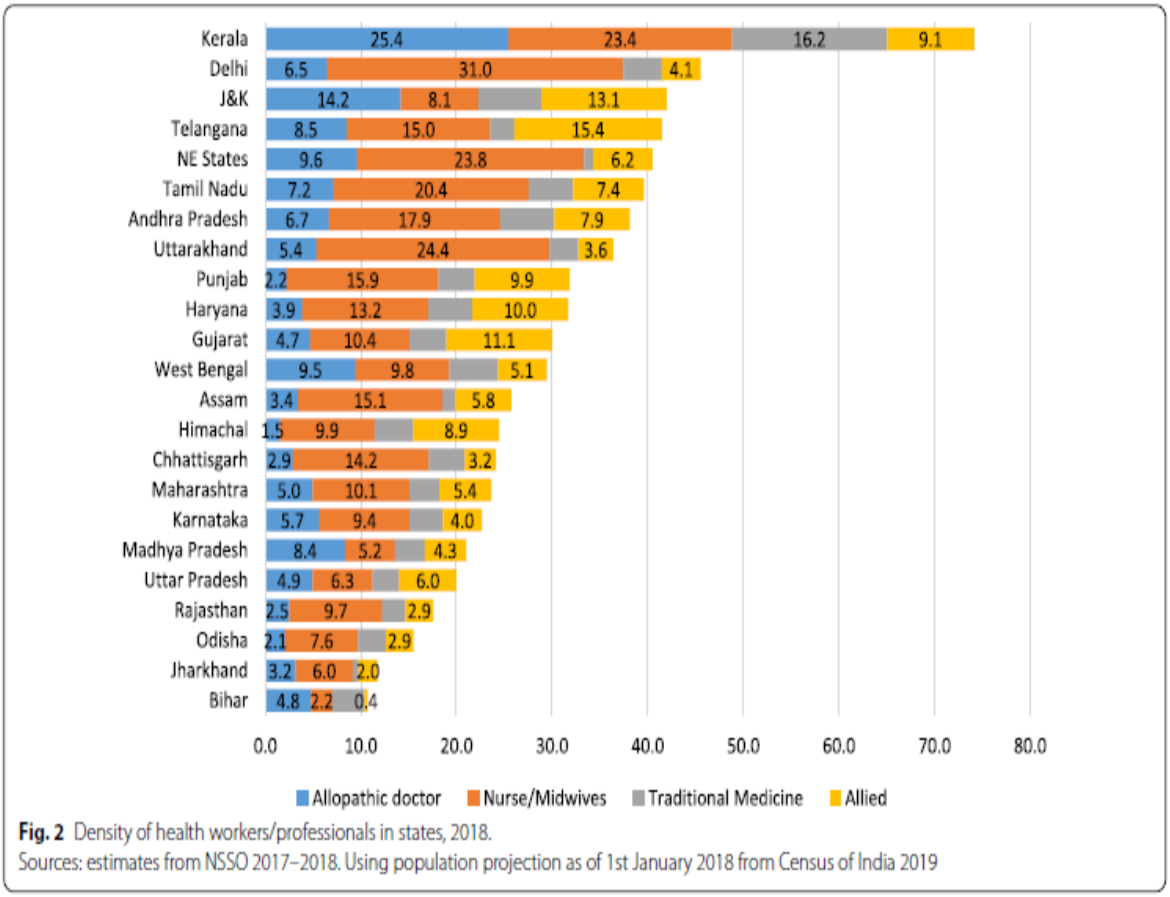



**Figure 1.1: Density of health workers/professionals in states, 2018.**

Source: estimates from NSSO 2017–2018. Using population projection as of 1st January 2018 from Census of India 2019

States and union territories such as Karnataka, Kerala, Maharashtra, Puducherry, Tamil Nadu, and Telangana have higher medical colleges, and states such as Assam, Bihar, Odisha, Madhya Pradesh, Rajasthan, and Uttar Pradesh have lower medical colleges when compared with their population percentages. There was a significant positive correlation of the number of medical colleges with area and population (Mondol et al., 2023).

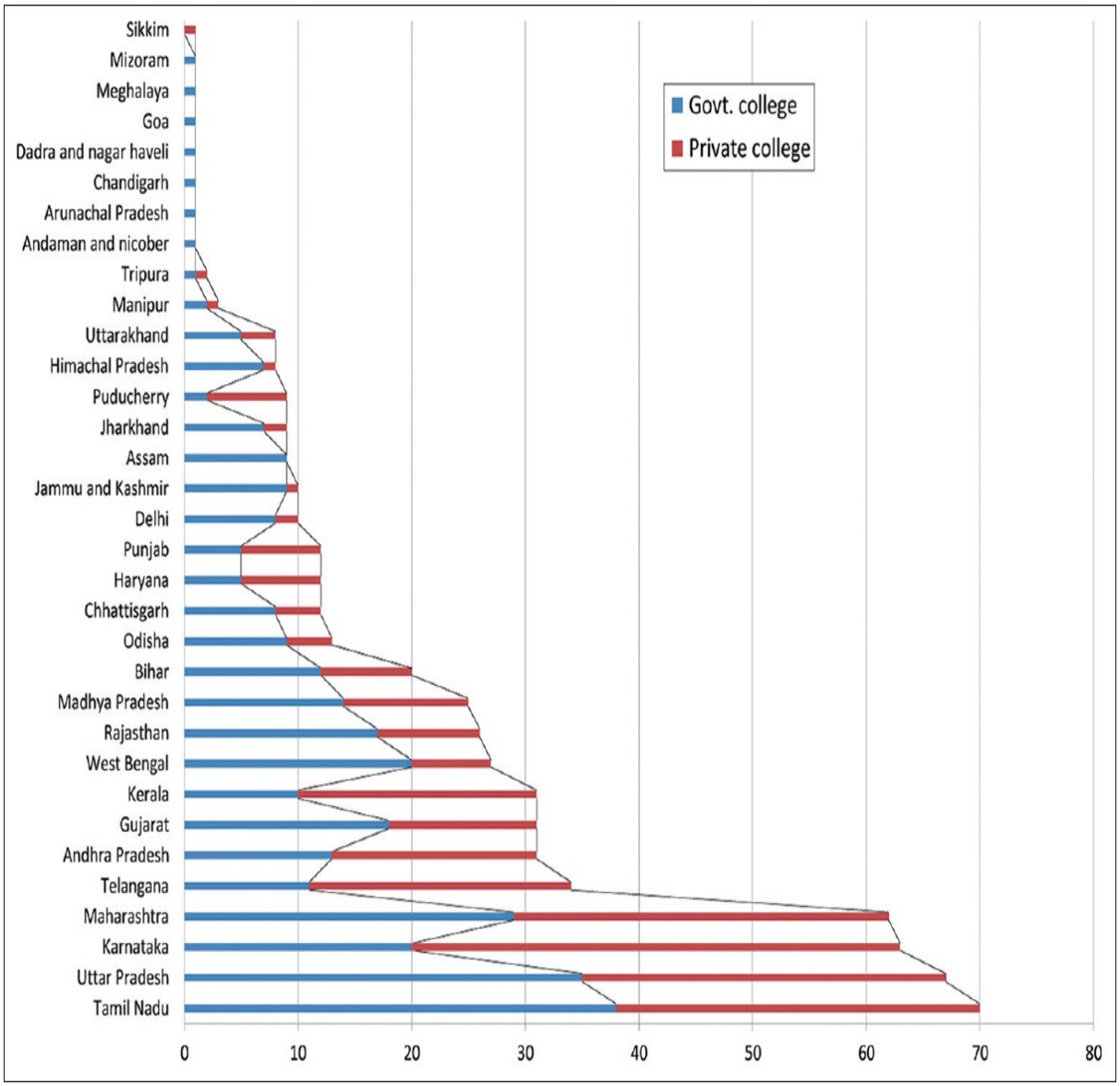



**Figure 1.2 State-wise number of government-run and private medical colleges in India (data as on July 30, 2022)**

Source: Current distribution of medical colleges in India and its potential predictors: A public domain data audit - Journal of Family Medicine and Primary Care 12(6):1072-1077, June 2023.

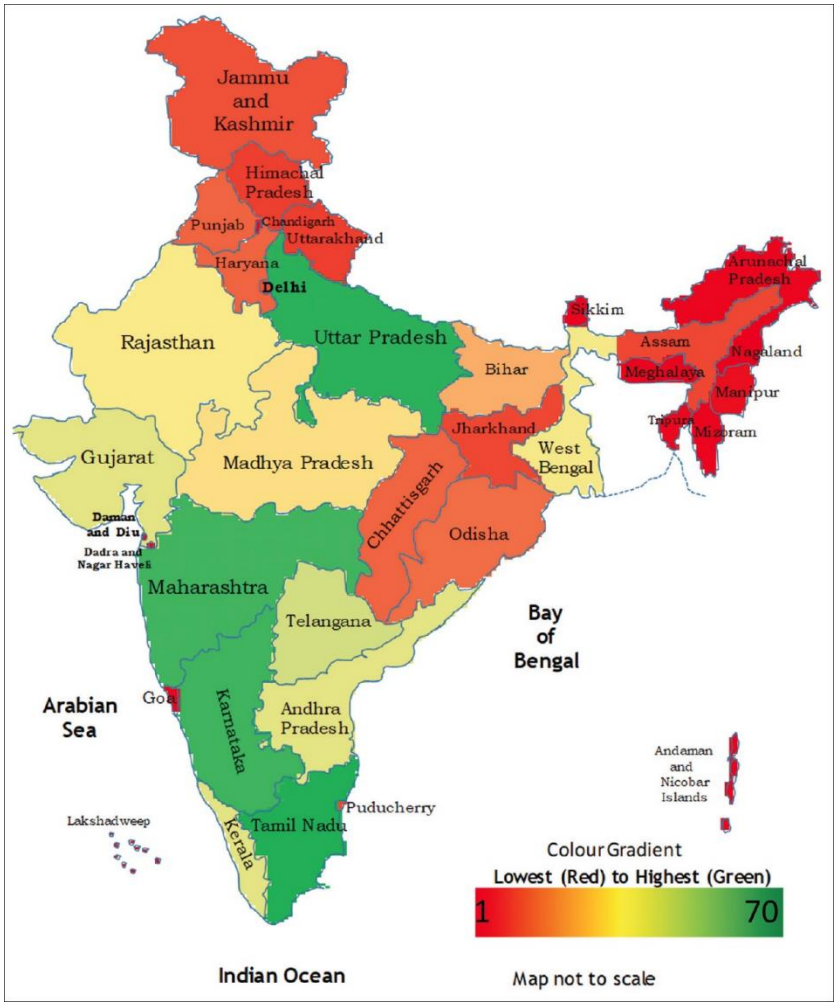



**Figure 1.3: Indian state-wise distribution of medical colleges (data as on July 30, 2022)**

Source: Current distribution of medical colleges in India and its potential predictors: A public domain data audit - Journal of Family Medicine and Primary Care 12(6):1072-1077, June 2023.

The top five states having government-run medical colleges are Tamil Nadu (38), Uttar Pradesh (35), Maharashtra (29), Karnataka (20), and West Bengal (20). These five states have a total of 142 (44.24%) government medical colleges. In comparison, the top five states with private medical colleges are Karnataka (43), Maharashtra (33), Tamil Nadu (32), Uttar Pradesh (32), and Telangana (23). They have 56.01% of the national share of private medical colleges (Mondol et al., 2023).

The maximum number of medical colleges in India, is situated in Tamil Nadu. This comes to about 38 government colleges and 36 private colleges comprising a total of 74 medical colleges. It is therefore pertinent to study medical colleges in Tamil Nadu which could be representative of the population (NMC, 2024). Moreover, Tamil Nadu serves as an example

of a state with a higher density of doctors per 1000 people. Therefore, Tamil Nadu will be used as a representative state for this study.

In a study focusing on career preferences among medical graduates from Christian Medical College (CMC) Vellore alumni, who commenced their training between 1966 and 1995, it was discovered that out of 1617 graduates, 57.4% were employed in India, while 42.3% were working abroad. Among those working in India, 29% were in the corporate sector, 21% remained at CMC, and 10% served in rural hospitals. The motivating factors for doctors remaining in India and rural areas were a sense of duty to serve. Conversely, factors motivating doctors to pursue opportunities abroad included the pursuit of academic excellence and perceived better quality of life. Push factors discouraging rural career pursuits included negative past experiences in rural hospitals. These adverse experiences served as deterrents to pursuing rural careers. Ultimately, career decisions were influenced by job satisfaction and familial expectations (Iyadurai et al., 2019).

In Coimbatore district, hospitals face a significant challenge in retaining their staff, particularly physicians, who play a vital role in their functioning. The current struggle extends beyond recruitment and retention to effective management of medical personnel. High turnover rates in healthcare augments this challenge, making it difficult to retain key staff members. A study conducted in the Coimbatore district, involving 150 doctors, aimed to explore their perspectives on Work-Life Balance initiatives and identify critical organisational, HR, and cultural factors. The study revealed a substantial correlation between a doctor's financial stability and their likelihood of staying in their position. Hospital administrations must excel in attracting and retaining doctors from their talent pool, regardless of circumstances. Implementing strategies to enhance work-life balance and other HR practices has been shown to improve physician retention. In conclusion, a doctor's tenure in their job today is significantly influenced by their financial stability and their ability to maintain a balance between work and personal life (Gowrishankkar & Martin Jayaraj, 2021).

## 1.2 Organisational Culture, Human Resource Practices and Employee Retention in the Health Sector

A study was conducted to explore the impact of HR practices on doctors, revealing that effective HR practices foster committed individuals, thus aiding in employee retention and contributing to improved organisational and individual performance. The importance of retaining key health professionals is intrinsically linked to both intrinsic and extrinsic

motivation, as highlighted by Stacy's equity theory of motivation from the early 1960s. This theory emphasises the significance of fair treatment in social exchanges of services compared to other health workers worldwide, underscoring the role of expectations, remuneration, and job satisfaction in shaping motivation levels (Adams J. Stacy, 1963).

Hofstede (2001) definition of culture as the collective programming of the mind distinguishes one group from another, with values in the workplace heavily influenced by culture. He suggested that workplace values are shaped by culture, proposing a model of "National Culture" with six dimensions: Power Distance Index (PDI), Individualism versus Collectivism (IDV), Masculinity versus Femininity (MAS), Uncertainty Avoidance Index (UAI), Long Term Orientation versus Short Term Normative Orientation (LTO), and Indulgence versus Restraint (IND).Schein further elucidates the concept of organisational culture, defining it as a pattern of shared basic assumptions developed by a group to cope with external adaptation and internal integration challenges. This culture is manifested through artefacts, values, and assumed values, which collectively shape organisational behaviour and perceptions.

Schein (1994) defines organisational culture (OC) as the collective set of fundamental assumptions developed by a group to navigate its external challenges and internal cohesion. These assumptions, proven successful, are passed on to new members as the prescribed approach to understanding and addressing issues. He delineates three levels within organisational culture: 'Artefacts,' 'Values,' and 'Assumed Values.' Artefacts encompass observable elements like dress code, furniture, and employee behaviour, shaping the organisational atmosphere significantly. Values, including attitudes and mindsets, influence organisational culture through individual adherence. Assumed values, the deepest level, comprise unmeasurable beliefs and innate aspects of human nature, exerting a profound but unseen influence on organisational culture.

Various models have been developed to identify different indicators of organisational culture, among which the "Denison's model of organisational culture" stands out. Culture plays a vital role in an organisation's success, although not all cultural dimensions contribute equally. Professor Denison, following extensive research, introduced the "Daniel Denison's Model (1990)," which delineates four general dimensions, each with three sub-dimensions. These dimensions include Mission (comprising Strategic Direction and Intent, Goals and Objectives, and Vision), Adaptability (encompassing Creating Change, Customer Focus, and Organisational Learning), Involvement (covering Empowerment, Team Orientation, and Capability), and Consistency (including Core Values, Agreement, and Coordination/

integration). Cultures can be broadly categorised as externally or internally focused, as well as Flexible versus Stable. This model aids in diagnosing cultural issues within organisations (Denison, 2004, and 1990).

Schultz (2006) defines "Organisational Culture" as a set of shared mental assumptions that guide management in defining appropriate behaviour for various situations, influencing organisational interpretation and action. Burr (2011) elaborates, describing it as a collective framework of shared goals, values, visions, norms, language, systems, symbols, beliefs, habits, policies, practices, and attitudes within an organisation, impacting employee behaviour and interactions with others. Organisational culture, akin to a pattern of collective behaviour, is imparted to new members to shape their perceptions, thoughts, and emotions, influencing interactions with colleagues, patients, and stakeholders (Tharp, 2005). Positive mentoring contributes to organisational culture and enhances employee retention (Robbins & Coulter, 2008). Culture encompasses all internal and external relationships, guiding individual actions subtly, even when members are unaware. Shared beliefs and values within groups shape employees' perceptions and behaviours toward daily challenges (Scott-Findlay & Estabrooks, 2006). Organisational culture significantly influences variables such as job satisfaction (Lund, 2003), organisational commitment (Casida & Pinto-Zipp, 2008), and performance (Denison et al., 2004), underscoring the importance for management to address these aspects to optimise organisational performance (Denison and Mishra, 1995). Organisational culture, recognized as a crucial variable, emerges from shared beliefs, attitudes, values, and norms among colleagues, shaping their collective understanding and judgments of situations (H. T. Davies et al., 2000). It defines "the way things are done around here," shaping perceptions, interpretations, and values within the organisation.

Flippo (1976) characterises “Human Resource Management” as the strategic coordination of procurement, development, compensation, integration, maintenance, and separation of human resources to achieve individual and societal objectives through planning, organising, directing, and controlling. In India, the demand for doctors and their supply are further complicated by professionals leaving healthcare organisations for better opportunities both nationally and internationally. Skilled medical practitioners migrate abroad for higher salaries, enhanced professional growth, and superior skill development, leaving behind challenging working conditions in India.

To alleviate the significant shortage of doctors, hospital management must prioritise effective HR strategies to improve outcomes. In addressing the doctor shortage, Hospital Human Resource Management should serve as mentors, counsellors, and cultivators of

organisational ethics, values, culture, and beliefs to identify successors effectively (Dr. J. Sivakumaran, 2013).

Employee retention refers to the act of encouraging employees to stay with the same organisation either for an extended duration or until a project is completed (Das & Baruah, 2013). Zineldin defines retention as the commitment to continue business transactions with a specific company over time (Zineldin, 2000). Vaiman (2008) elaborates that it entails implementing strategies to ensure that employees remain with the organisation for as long as possible. Chaminade (2007) adds that retention occurs when an organisation deliberately fosters an environment to retain recruited employees for an extended period. In competitive environments where skilled employees are scarce and sought after by competitors (Jones & Skarlicki, 2003), retaining employees becomes crucial for improving workforce productivity (Leeves, 2001). However, retaining core employees poses challenges for organisations (Barney, 1991; Taplin & Winterton, 2007). Retention management begins by analysing why employees join an organisation and aims to bridge the gap between employees' reasons for joining and what the organisation can offer to effectively retain them (Solomon, 1999; R. Davies, 2001).

A study in northern Tamil Nadu's selected multi-speciality hospitals revealed empirical findings that advanced the understanding of HRM practices' effects on turnover retention. It highlighted the influence of performance appraisal fairness and promotion opportunities on healthcare professionals' commitment and inclination to leave. The study emphasised the importance of fostering a conducive HRM environment to enhance commitment and reduce turnover intentions, especially by improving fairness perceptions in HRM practices. Additionally, it provided evidence of HRM practices' specific effects on employee attitudes and behaviours, aiding hospital management in retaining health professionals and minimising turnover costs (Thanigaiyarasu et al., 2022).

In another study on 'Intent to stay' in rural Community Health Centers (CHCs) in Tamil Nadu, it was found that existential relatedness and growth needs (ERG), societal relatedness, and significantly influenced the intent to stay, with growth needs being the strongest predictor. The study identified specific growth needs such as professional advancement, community involvement, and basic necessities improvement, offering insights into rural physicians' motivations and unmet needs (Shanmugapriya et al., 2022).

Furthermore, a study in Tamil Nadu examined motivational factors and retention among healthcare sector employees, revealing a positive relationship between motivational practices

and retention. It underscored the significant impact of motivational practices on the success of the hospital sector as a whole (Santhy et al., 2023).

## 1.3 Focus of Thesis: Purpose and Rationale

### 1.3.1 Need for the Study

In today's world, the healthcare industry faces unprecedented demand, fueled by the widespread availability of information and services. This surge in demand has led to an urgent need for skilled healthcare professionals. The objective of this research is to identify the organisational cultural factors, human resource practices, and strategies that influence the retention of medical doctors in Indian medical colleges. Working within a premier medical college institute in Tamil Nadu, the researcher has had extensive interactions with senior administrators and medical professionals, revealing a pressing concern: the migration of doctors from our hospital medical college. This trend prompted a thorough investigation into its underlying causes. The researcher identified a significant rate of attrition and turnover among medical doctors who opted not to return to the country after their study leave and sabbatical leave overseas (Study leave, which grants senior medical faculty up to two years off during their tenure, and sabbatical leave, similarly up to two years, are HR privileges given to senior medical professionals). Despite engaging in numerous discussions within our institution and reaching out to other medical colleges, it became apparent that this issue is not unique to our organisation. Similar challenges of doctor migration and prolonged sabbaticals were reported across the board. While studies on retention challenges within hospitals and healthcare settings are plentiful, there is a noticeable gap in focused research on medical colleges associated with hospitals.

Thus, it was observed that studying the perceptions of medical doctors regarding organisational HR policies, practices, and culture in medical colleges in India and Tamil Nadu is both relevant and urgent. This study aims to recommend organisational changes in the areas of culture and human resource policies and practices to facilitate higher retention rates.

### 1.3.2 Problem Statement

Medical doctors play a crucial role in healthcare delivery, and their retention is vital for the effective functioning of medical colleges. In Tamil Nadu, medical colleges are categorised into private and government institutions, each with its distinct organisational culture. Despite being

regulated by the National Medical Council (NMC), these subsets face challenges in retaining medical professionals and professors.

The study aims to explore the impact of organisational culture and human resource practices on the retention of highly skilled healthcare workers in medical colleges. By understanding the unique cultural dynamics and HR challenges within these institutions, the study seeks to identify strategies to enhance retention rates. Drawing on the concept of "humble leadership" advocated by Schein (2018), which emphasises the importance of relationships, openness, and trust, the study aims to improve key performance indicators such as medical education, patient care, and health research by fostering excellence in organisational culture and HR management practices.

### 1.3.3 Objectives of the Study

1. To identify organisational cultural and human resource factors that affect the retention of medical doctors in teaching hospitals - medical college hospitals, in India.
2. To study the perception of medical doctors about human resources policies and practices in India.
3. To recommend human resources policies and practices of organisational factors that facilitate higher retention in the healthcare industry.

### 1.3.4 Scope of the Study

The study focuses on investigating organisational human resource practices and cultural factors influencing the retention of medical doctors in multi-specialty tertiary care teaching hospitals within the private and government sectors in Tamil Nadu, India. Tamil Nadu, being one of India's highly developed states, hosts a significant portion of the country's medical colleges regulated by the National Medical Council (NMC, 2024). With 706 medical colleges, out of which 74 medical colleges in Tamil Nadu (38 government colleges and 36 private colleges) under the purview of the NMC, of which a considerable percentage are located in South India, and a significant fraction in Tamil Nadu, the state serves as a pertinent location for this research. Both private and government medical colleges will be studied to comprehensively understand the diverse organisational cultures and human resource practices impacting doctor retention.

The study will draw upon management theories related to human resource practices and organisational culture, with a particular focus on factors contributing to retention. Cameron and Quinn's (2011) framework, which identifies four predominant culture types—Adhocracy, Clan, Hierarchy, and Market—will be considered to analyse the dominant culture types within these healthcare organisations.

By exploring these dimensions, the research aims to provide insights into the challenges and opportunities associated with retaining medical professionals in the healthcare sector, ultimately contributing to the development of effective retention strategies tailored to the context of Tamil Nadu's medical colleges.

## 1.4 Organisation of the Dissertation

Chapter - 1 The introduction includes the background of the study - a brief outline of organisational culture and human resources in the health sector worldwide and in India, Focus of the Thesis: Purpose and Rationale – Need for the study, problem statement, objectives and scope of the study

Chapter - 2 The literature review provides a thorough review covering the concepts of organisational cultures, its impacts and issues, categorization, components, factors influencing organisation culture on a global scale as well as in the Indian health sector, retention of healthcare personnel, competing values framework and organisational cultures assessment instrument.

Chapter - 3 Research Methodology, introduces the probable antecedents of employee retention among healthcare workers identified through a thorough review of literature. The research framework, parameters and statistical measures taken along with the hypothesis development have been explained. The research approach, research design adopted, development of the questionnaire, data collection methods, sampling method, sampling frame, sampling unit, sample size determination and various techniques used for preliminary data analysis and final data analysis are discussed.

Chapter - 4 This chapter provides the Data Analysis - a detailed account of the statistical analysis conducted to test the conceptual models. With several respondents, this study has empirically tested the proposed relationships using Exploratory Factor Analysis (EFA), Multiple Linear Regression, Kruskal Wallis, Mann Whitney U test, Z-test and Chi-square test.

Chapter - 5 Results and discussions pertaining to demographic and professional variables, human resource practices, organisational culture, intention to leave and reasons for leaving are explained.

Chapter - 6 This chapter provides a succinct summary and outcomes of the study while highlighting limitations, however, providing practical implications and recommendations of the study. Suggestions for future research would enable future scholars who may find this useful.

## 1.5 Summary

This chapter serves as the foundation for the thesis, providing an overview of the background, organisational culture, and human resource practices related to job retention strategies in the healthcare sector, particularly focusing on the retention of medical doctors in Tamil Nadu. It highlights the necessity of addressing retention challenges and analyses the specific problem area within the context of Tamil Nadu's medical colleges.

The chapter discusses the objectives of the study and their relevance to the research area, setting the stage for the subsequent chapters. It outlines the structure of the thesis and provides a roadmap for how the study will be conducted and analysed in the following chapters.

In conclusion, this chapter establishes the groundwork for the overall study, laying out the framework and direction for the research to be carried out systematically and analysed effectively.

# CHAPTER - 2
# LITERATURE REVIEW

## 2.1 Introduction

The research model that is developed has four main components. The two key determinants are Organisational Culture (OC) and Human Resources (HR) practices. The intention of the employees to stay or leave is considered the outcome of the impact of the two determinants. The intention to stay or leave in turn results in the retention or flight of the employees. The model envisages that retention is driven by the intention of the employee to stay committed to the organisation or to leave. The model considers that HR practices support shaping the organisation's culture. Considering this, in this chapter general aspects of organisational culture, HR Practices, and employee retention are elaborated on. In addition, as the research focuses on the retention of doctors in teaching institutions, this chapter reviews the literature covering the previous studies on employee retention, organisational culture, and HR practices in the field of the health sector.

The evolving study of organisation culture, aspects of culture in organisations and the impact of organisational culture on the performance of the firms is addressed below:

## 2.2 Organisational Culture (OC)

Organisations whether they be for-profit or not-for-profit, whether they are manufacturing firms, service organisations, or educational Institutions are exemplified by a 'culture' that is uniquely associated with each one of them. Organisational culture can be seen as the underlying beliefs, assumptions, values, and ways the members interact with each other that contribute to the unique environment of an organisation. As a concept, organisational culture has been attracting the attention of practitioners and researchers for over half a century. Early in 1951, (Jaques, 1951) A case study was conducted on the '*developments in the social life of one industrial community*,' which can be seen as the precursor of the study of organisational culture and its impact on the functioning of organisations. A meta-analysis collected 1841 studies on organisational culture that appeared between 1980 to April 2014, based on 26,196 organisations and 556,945 informants (Hartnell et al., 2019). The study of organisational culture initiated by Schein, (1990) builds upon the previous research and crystallises the

definition of organisational culture, which is accepted by most researchers of Organisational Culture. The author defines organisational culture as a *collection of unconscious beliefs and assumptions, which determine the values of the organisation and through these values, both organisational collective and individualistic, actions of the organisations would be shaped.*
(E. H. Schein, 2011) argues that two critical elements make up 'Organisational Culture.' The first is '*structural stability,*' which is the set of '*commonly held values and beliefs' lying "deep" within the organisation, not easily identifiable when viewing surface behaviours and practices.*' These deeply held values and beliefs distinguish one organisational culture from another and establish an organisation's identity. The second element is 'Integration,' which is the '*myriad of behaviour patterns, rituals, climates, and values*' that combine to mould the organisation's identity.

In the context of healthcare, '*there is some evidence to suggest that organisational culture may be a relevant factor in healthcare performance*' (Scott et al., 2003). In the healthcare industry, there is '*increasing evidence that certain aspects of organisational culture (e.g., little or no value for individual responsibility or in open and freely flowing communication) and climate (e.g., rigid leadership styles and poor communication channels) are associated with lower rates of worker morale, higher levels of work stress, higher accident rates, higher burnout rates, higher turnover, and higher adverse events related to patient quality of care issues.*' (Gershon et al., 2004). Several cultural influences such as '*excellence in care delivery, ethical values, involvement, professionalism, value-for-money, cost of care, commitment to quality and strategic thinking were found to be key cultural determinants in quality care delivery.*' (Carney, 2011). Organisational culture influences '*patient safety, quality of care, medical errors, patients' and families' experiences of care, physician satisfaction, and burnout.*' (Rider et al., 2018).

## 2.3 Cultural Indicators in an Organisation

Culture is the '*collective programming of the mind that differentiates individuals of one group from another.*' (Hofstede, 1984) and can be understood '*from verbal statements and other behaviours.*' Hofstede posits that culture is '*difficult to change because it is crystallised in the institutions of these people and not only in their minds.*' Culture '*a series of rules and methods that a society has developed to deal with the recurring problems it faces.*' (Trompenaars & Hampden, 1997). Cooper and his colleagues define culture as the '*core societal values, contents, capital, caste and a set of universally adaptive tools, intergroup relations.*' (Cooper

& Denner, 1998). Others view culture as '*values, beliefs, identities, and explanations of significant events that outcome from mutual experiences of people.*' (House et al., 2001). Organisational culture is '*what is perceived by members of the organisation so that perception creates a pattern of beliefs, values, and expectations.'* (Ivancevich et al., 2008) '*Organisational culture and individual choices are aggregated into critical masses of people, and it defines every organisation*.' (Wu, 2008). The concept of culture includes '*institutions and the collective representations and forms the collective behaviour.*' (Kassidou et al., 2010). Organisational culture is a '*system of shared meaning held by members that distinguish the organisations from other organisations.*' In other words, '*culture is the social glue that helps hold the organisation together by providing appropriate standards for what employees should say and do.*' Finally, it is a '*sense-making and control mechanism that guides and shapes employees' attitudes and behaviour*' (Robbins & Judge, 2011). Culture can '*shape organisational processes which create and modify culture and diverse cultures should be viewed as opportunities for businesses, resources, capital, and a set of tools*.' (Ludviga, 2009; Tarhini et al., 2017). Therefore, the culture that differentiates each other is '*predictive of the manager's characteristics and behaviours and also organisational practices*' (Obeidat et al., 2015). The measurement of organisational culture is critical for identifying values and behaviours that raise organisational risk (for example, unethical behaviour). Researchers have proposed unobtrusive indicators of culture (UICs; e.g., drawn from social media, company reports, and executive data) as a supplementary methodology for identifying organisations at risk of failure due to reporting biases and sampling limitations, as well as the rapid advancement of digital data (Reader & Gillespie, 2023).

National culture differentiates its members from one nation to another and organisational culture differentiates its members from one organisation to another. Four dimensions of national culture are defined by Hofstede, (1991). '*Individualism vs collectivism*' relates to '*the integration of individuals into primary groups against working singly.*' '*Power distance*' (PD) which relates to '*perceived and actual differences in powers based on work positions and various solutions to address this inequality,*' '*Uncertainty avoidance*' (UA) which relates to '*various uncertainties related to work and job leading to stress in the face of an unknown future and the solutions for mitigation,*' and '*Masculinity vs Femininity*' (MAS) which relates to '*differentiation of work positions related to the emotional variations between women and men based on gender and the methods to resolve such differences.*' Researchers found that '*companies with different country origins adopt different organisational cultures and policies to run their operations within the same country*.' (Lau & Ngo, 1996).

The study of culture provides '*insights, and elements and distinguishes a variety of human experiences*' (Munley, 2011). For example, in the Middle East, '*women have advanced in management but are constrained in their career growth because it is thought that the Islamic culture of Middle Eastern countries rewards employees based on their professional connections;*' however, Metcalf insists that the '*employee reward system should be based on employees' input.*' (Metcalfe, 2006). Organisational culture will differ within one nation and from one nation to another. It refers to '*values, beliefs and practices that are shared by most members of an organisation*' (Oudenhoven & Pieter, 2001; Tarhini et al., 2017). Management skills are '*culturally specific and management techniques in one national culture might not be appropriate in another.*' Hence, international managers must '*understand and be aware of the culture of other countries to have a way of doing things and have a sense of belonging.*' (Hofstede, 1984).

Denison & Mishra (1995) studied organisational culture and identified four traits that define the culture of an organisation. They are '*involvement, consistency, adaptability, and mission.*' According to Kreitner & Kinicki (2003), there are three types of organisational culture – (1) 'Constructive culture,' (2) 'Defensive Passive Culture,' and (3) 'Defensive Aggressive Culture.' The results of the research on the impact of culture on innovation in service firms highlight the cultural dimensions of '*values, expects and facilitates, calculated risk-taking and a willingness to challenge the status quo, appreciation and acknowledgement of employees' accomplishments and efforts, inter-functional cooperation, success, openness and flexibility, and internal communication' as supporting norms for innovation.*' (Hogan & Coote, 2014). Measurement of organisational culture can be '*demonstrated through multiple dimensions.*' '*Self-awareness, Goal setting, Sensitivity to the satisfaction of the Group, Attention to the aspects of public satisfaction (customers), either internal or external customers, the value of creativity, that meets the quantity, quality and efficiency, good cooperation and communication and effective coordination with the active involvement of the members and shared commitment.*' (Edison et al., 2016).

## 2.4 Impact of Organisational Culture

Organisational culture consists of the '*basic, taken-for-granted assumptions and deep patterns of meaning shared through organisational participation as well as the manifestation of these assumptions.*' (Ajmal & Koskinen, 2008). According to Robbins & Jusuf, (1995), a '*strong, adaptive, and competitive organisational culture has many benefits.' These include:*

*'behaviour and mental discipline through a reward system for employee compliance to various guidelines, providing a sense of growth and direction in terms of development as per vision, mission, and structure, boosting productivity and creativity in employees, commitment to quality of service/product outputs, and a sense of belonging, moral responsibility and achievement in employees leading to shared responsibility of the organisation.*' The role of organisational culture in knowledge management has been studied by many researchers. In some studies, '*results-oriented and tightly controlled cultures have been shown to have positive effects on employees' knowledge storage intention.*' (Kayworth & Leidner, 2004). However, (Jarvenpaa & Staples, 2001) and (Alavi et al., 2005) others have identified the negative effects of organisational culture. In the study of the relationship between five kinds of organisational cultural dimensions ('*results-oriented, tightly controlled, job-oriented, closed system and professional-oriented*) and four kinds of Knowledge Management (KM) process, Chang & Lin, (2015) found, (a) '*results-oriented culture has a strongly positive effect on the KM process (creation, storage, transfer, and application),*' (b) a '*tightly controlled culture has a strongly negative effect on the KM process,*' (c) a '*job-oriented culture has a positive effect on the KM process,*' (d) a '*closed system dimension does not have a significant effect on KM Process,*' and (e) a '*professional-oriented culture does not have a significant effect on KM Process.*'

Mardani & Senin, (2018) find that there exists a '*relationship between organisational culture and knowledge management, organisational culture and organisational learning, and organisational culture and innovation.*' Lund, (2003) studied the impact of organisational culture on employee-related variables such as '*satisfaction, commitment, cohesion, strategy implementation, and performance*' among others. Organisational culture 'influences the performance of an organisation.' (Lee & Yu, 2004; Xenikou & Simosi, 2006). The strength of organisational culture is found to be directly '*correlated with the level of profits in a company*.' (D. R. Denison et al., 2006). Prajogo & McDermott, (2011) examined the relationship between the four cultural dimensions of the competing values framework ('*Group, Developmental, Hierarchical, and Rational cultures*) and four types of performance: 'Product Quality, Process Quality, Product Innovation, and Process Innovation,' and found that Developmental culture to be the strongest predictor among the four cultural dimensions, while Rational culture showed a relationship with product quality, along with group and hierarchical cultures. Stray research – for example, (Booth & Hamer, 2009) study shows that in the specific segment of retail shops in the United Kingdom, some of the elements of organisational culture resulted in having a negative impact on the financial performance of the stores. From the study of the company, Singapore Telecommunication concludes that '*organisational culture has a great impact on*

*employee's performance*' (Paschal & Nizam, 2016). According to Paais & Pattiruhu, (2020), '*organisational culture includes broader and more profound aspects and, thus, becomes a basis for creating an ideal organisational climate.' 'Culture is the total thoughts, works, and results of human actions, which are not rooted in their instincts, and therefore can only be triggered by humans after going through a learning process. Culture is the essence of what is essential in organisations. The activities of member commands and prohibitions describe something that is done and not done that regulates the behaviour of members. So, culture contains what may or may not be done so that it can be stated as a guideline used to carry out organisational activities.*' In their study, the authors tested their hypotheses and found '*impact on job satisfaction by organisational culture is insignificant, and the impact on performance is negative and significant.*'

## 2.5 Issues in Organisational Culture

The relationship between organisational culture and organisational problems, as well as the definition of organisational culture, is complex. Although the definitions are diverse, the two critical issues in understanding organisational culture are structure stability and integration.

Organisational culture is closely associated with organisational development, which is linked to the organisation's programme, intervention, and structure, all of which are tied to Human Resources planning, development, education, and training which are essential for the development of strong cultural values. Other issues in organisational culture include values, patterns, behaviour, customs and manners, and traditions (Eliyana, 2009).

## 2.6 Categorization of Organisational Culture

Organisational culture can be classified into four levels (Melia & Jalal, 2000; Schermerhorn Jr et al., 1991) as follows:

### 2.6.1 Symbols

Symbols are represented through logos, slogans, ceremonies, stories by employees, work systems, authority, and criteria used for employee position rotation, promotion, or rewards for employee achievement, awareness for prioritisation of customer satisfaction, service delivery speed, and other similar endeavours aimed at improving professionalism.

### 2.6.2 Process

Processes are represented through standard protocols toward rendering responsibilities as set forth by the organisation, work design, systems and procedures, management strategy for decision-making, formal communications systems, and meeting of regulations. This can also include evaluations of whether the organisation's systems and processes are meeting their full potential; if not, continuous evaluations may be carried out to achieve this end.

### 2.6.3 Format

The format is represented by easily observed tangibles such as building design, space layout, furniture, official documents, and other similar objects. This includes an assessment of whether the designs in an organisation have been created to meet the needs of the business or specifically motivate people to work; this can also include ergonomic and other aspects of the objects.

### 2.6.4 Behaviour

Behaviour is represented by the organisation's symbol, process, and format. Behaviour may be related to value and attitude, as well as external influences. This can be observed through the behaviour of employees, managers, and top managers of the organisation. Based on the assessment of culture, it may be necessary to replace it with a new culture that is more adaptive, competitive, and compatible with the employees and the goals of the organisation.

## 2.7 A Different Perspective on Organisational Culture

The researchers (Kotter & Heskett, 1997; Susanto, 2000) presented another perspective of organisational culture that can be used to comprehend, study, discuss, and design culture. The perspective stated that organisational culture represents the values which are the guideline for Human Resources for their duties and serves as the basis for organisational behaviour; it also helps Human Resources to deal with external problems and assists them in helping to integrate employees within the organisation towards acceptable behaviour. There are nine distinct variables that can be monitored for the evaluation of organisational culture. These are individual initiative of the employees, tolerance to risk with regards to the possibility of innovation failure, direction of the organisation, integration of systems ensuring no authority overlap, management support of employees, identity of the organisation in the marketplace,

reward systems for employee achievements/development, tolerance and management of conflicts and communication systems. Organisational culture has been identified to have five key elements: business environment, adhered values, model of achievements, activity/ceremony which has become a valued tradition and the cultural network/culture associated with the organisation (D. R. Denison et al., 2006).

## 2.8 Factors Influencing Organisational Culture

If an organisation wishes to participate in the global arena, organisational culture is the most important factor to consider, especially if it may hinder progress when perceived as out-of-date or irrelevant in its maxims. A culture that has become archaic is no longer competitive or adaptable. In this context, it is necessary to identify and address the following aspects of the global environment: parochialism which believes that a superior culture cannot be adopted without being socialised or monitored, ethnocentrism which believes the current culture is the ideal one to be followed by others, resistance to change which refuses to adapt owing to fear of identity and power loss, and culture shock which affects the entire organisation due to violent changes in the external environment. All of these factors need to be addressed through appropriate monitoring, socialisation, transformation and adaptability (Susanto, 2000).

Even though companies may belong to the same industry, each company has its own culture. Organisational culture is not as visible as a company's product, and it has a long-term nature that cannot be changed as easily as a manager's behaviour. Corporate culture is defined (Maciariello & Kirby, 1994) as *"shared values, common perceptions, and common premises that members of an organisation apply to its activities and problems."* An organisation that willfully ignores any "organisational culture" during a business performance or even during the improvement of its business with business partners will undoubtedly be threatened by a competitor who does. On the other hand, a company that focuses solely on organisational culture and ignores other critical factors such as capital, human resources, business marketing, and other critical factors that contribute to the company's success will also suffer.

### 2.8.1 Management of Cultural Variation: An Overview

In the present day, management has a diverse culture. Since the end of the twentieth century, when nations have become more open to information, more heterogeneous and less isolated, diversity has emerged in organisational culture. The development of cross-border trading has

led to various collective agreements and economic units towards the continuous movement of the global market. World cultures have become more intertwined due to remarkable technological advancements in communication and transportation. When the big traditional political unity fell apart in the 1990s, such as the ex-Soviet Union and the countries of the East Block, a counter phenomenon occurred. Small republics and ethnic groups were battling for greater independence while maintaining their thrust for democracy and avoiding the socialist system's centralised planning and control. In this regard, the question arises as to whether the local community will be wiped out by such divisive ethnic competition, or whether they will recognise the benefits of cultural and economic cooperation with neighbouring countries. Various significant social and political changes occurring today provide an opportunity for world merchants and businessmen who are ideologically free to engage in global trade. Many people have been exposed to various options available in modern society due to mass media and globalisation, hence they have developed a desire for a better quality of life. Such market demands can be met on a global scale only if an emerging class of managers and professionals acquire the requisite cultural diversity and knowledge (Eliyana, 2009).

### 2.8.2 Working Class Variety

In many countries, the scope of domestic work is becoming complex. People in such macro-cultures now have more opportunities to be educated and trained, which has fuelled their desire to work. The Laws, whether referred to as *"work opportunity equalisation"* or *"affirmative action,"* are intended to ensure that no one is treated unfairly at work. Various barriers to gender discrimination are gradually being removed, and many women now hold supervisory, management, and other executive positions. The influx of millions of illegal immigrants, the rise of Asian, Hispanic, and Afro-American populations, as well as new immigrants from various countries, shows that the United States of America is becoming more culturally diverse. Across the Atlantic Sea, the working class is becoming more diverse, due to improved cross-border travel opportunities, while a lack of manpower has forced several countries to import *"foreign workers"* from a variety of countries. Koreans and Filipinos across the Pacific are actively seeking contracts or work abroad, whereas the Japanese must employ many foreigners to fill low-wage jobs that have not yet been automated. In many places, work absorbs not only new foreign workers but also new foreign owners and executives. Latin America is a marketing and new business placement target for the United States, Europe, and Japan. People are leaving

their homelands in search of a better life, creating a working class that requires managers with cross-cultural sensibility.

A new work culture is emerging in this post-industrial information era. Competence is one of these norms, which applies regardless of race, colour, religion, gender or place of origin. Today, high-tech zones all over the world employ technicians from various countries who are hired solely based on their scientific ability, without regard to their cultural background. Performing a high-tech business necessitates the most effective management of cultural diversity, whether it is Taiwanese, Hungarian, or Indian. Around the world, the same cultural diversity can be found in academic or research and development laboratories (Eliyana, 2009).

### 2.8.3 Integration of Organisational Culture

In the book, *"Surviving Mergers and Acquisitions"* (McManus & Hergert, 1988) it is stated that, *"When two existing organisations merge, acquire, or form a joint venture, two or more different organisational cultures must be integrated."* If an organisation tries to impose its culture on another culture, it will fail miserably. Looking for cultural synergy between and among the existing systems is a more productive effort. However, such an effort will necessitate a high level of cultural variety management skills and practice. Nothing is more desired in the management of cultural diversity than the formation of a consortium of several businesses, both corporate and industrial, and government, and university representatives. In these situations, managers must use their cultural diversity skills to bring out the best in various organisational cultures and management systems.

Even in the world of business, people are faced with a variety of departments, divisions, and branches. Managers must manage cultural diversity every time their teams are assembled from various disciplines and skills. Engineers think differently than production or finance personnel, who, in turn, think differently than marketing or public relations personnel. Each profession or special skill has its subculture, which solves problems in a variety of ways. When a group of officers improves as a team or task force, management faces greater challenges due to the influence of various macro and micro cultures. As a result, those with experience in cross-cultural communication and negotiation will have a better chance of succeeding (Money, 1998). To have a successful relationship with another culture, whether individually, in a specific organisation or nationally, one must first attempt to identify their cultural values and inherent priorities within those values, as well as how those values differ from his or her own.

Other important aspects of cultural dimensions, such as nonverbal communication, language use, time, and space orientation, and how they affect the success or failure of cross-cultural communication, are worth mentioning. The reasons and cultural roots must also be investigated to provide appropriate responses for everyone. When someone performs a cross-cultural interaction, culture-based responses will improve the success and enjoyment of the interaction.

According to Hofstede, the five main dimensions of *'identity, power, gender, uncertainty, and time,'* help understand the potential problems of managing employees from different cultures. The study interestingly finds that countries that had an individualistic culture were wealthier when compared to collectivistic culture-based countries. Individual work ethics and incentives given for individuals to increase their human capital are clear indicators that cultures affect the country's economy including economic health.

In a hospital setting, organisational culture '*can reflect a shared and commonly understood view of hospital life manifested in patterns of care, safety, and risk.' These arrangements and narratives are found (albeit in different forms) across all healthcare organisations from general practices to community trusts.*' The culture in hospitals can be classified into three layers.

The first is the '*physical artefacts and arrangements, as well as the associated behaviours that get things done. These visible manifestations of culture are seen in how estate, equipment, and staff are configured and used, and in the range of behaviours seen as normal and acceptable. These include the embedded and accepted care pathways, clinical practices, and communication patterns, sometimes referred to as "the way things are done around here."*'

The second layer is the '*shared ways of thinking that are used to justify the visible manifestations.' 'This includes the beliefs, values, and arguments used to sustain current patterns of clinical practice. In this way, the local clinical culture is expressed not only through what is done but also how it is talked about and justified.'*

The third layer is less overt and accessible. These are the '*largely unspoken and often unconscious expectations and presuppositions that underpin both dialogue and clinical practice.*' All these three levels are linked and as healthcare *becomes more global, with regular movement of care staff across national borders, major shapers of the cultural aspects of care may also include national, ethnic, or religious cultures.*' (Hofstede, 1991)

### 2.8.4 Cultural Variety Management

Chatman & Jehn (1994) investigated the interaction of two industrial characteristics: technology and growth, as well as organisational culture. The authors tested the relationship by contrasting organisational culture with cross-industry culture. Using fifteen organisations representing four industries in the service sector, the authors discovered that there is a stable organisational culture dimension and that it is more variable in cross-industry. Levels of industrial technology and industrial growth are linked to specific cultural values. One of the conclusions reached is that contrary to what the researchers initially thought, organisational culture can be used as a competitive advantage rather than an impediment The findings of a study conducted by Schultz & Hatch (1996) illustrate the development of inter-paradigm relationships. The authors explore the interrelationship between functionalist and paradigm interpretation, citing an organisational culture study as an example of how interrelation affects multi-paradigm relationships Thus, understanding organisational culture can be attained through an understanding of cultural variety management, which includes, being aware of diversity in the working class, integrating organisational culture, and attempting to participate in global business. Another factor in understanding organisational culture entails being aware of and appreciating the cultural challenges that come with global business management. This empirical phenomenon exists today to show how easy it is for countries to obtain information and become more heterogeneous and less isolated as the global market continues to grow. More developed cross-border trading leads to the formation of various collective agreements and economic units. This implies that organisational culture plays a critical role in achieving global business success.

## 2.9 Organisational Culture, Human Resource Practices and Retention among doctors in Medical Colleges with special reference to Tamil Nadu, India

Harvard University researchers (Roberts et al., 2008) define healthcare system as '*the collection of institutions and actors who provide healthcare (e.g., doctors, nurses, hospitals, pharmacies, traditional healers, etc.); the organisations that provide specialised inputs to the providers (e.g., training schools, manufacturers of products); the financial intermediaries, planners, and regulators who control, fund, and influence the providers (e.g., insurers,*

*government agencies, regulatory bodies); the organisations that offer preventive services; and the financial flows that finance the provision of healthcare.*'

'*Healthcare organisational culture is an informal, shared way of looking at an organisation and membership in the organisation that binds members together and influences what they think about themselves and their work.*' (Maseko, 2017).

Organisational culture is '*very essential to productivity and quality healthcare delivery in India and across the globe. In both the government and private sectors, organisational culture was seen to influence staff behaviour and patient satisfaction.*' (Bennett et al., 2021).

Researchers (Braithwaite et al., 2017) found that '*overall, positive organisational and workplace cultures were consistently associated with a wide range of patient outcomes such as reduced mortality rates, falls, hospital-acquired infections and increased patient satisfaction.*' (Temkin-Greener et al., 2012) It was found that '*Nursing Home environments and management practices influence residents' health outcomes.'*

Based on their findings, Mbau & Gilson (2018) conclude that 'the *potential influence of dimensions of organisational culture such as power distance, uncertainty avoidance, and in-group and institutional collectivism over the implementation of health sector reforms. This influence is mediated through organisational practices such as communication and feedback, management styles, commitment and participation in decision-making.*'

'*Culture is how organisations make decisions about what they are and aren't going to do, and the cumulative way in which employees experience their jobs and lives at the organisation. Both of these directly influence the types of care that patients experience.*' (Quote by Namita Seth Mohta & Stephen Swensen, 2019).

In today's healthcare environment in India, there are Government Medical Colleges and their hospitals, private, corporate, and for-profit medical colleges, and hospitals and many philanthropic not-for-profit trusts and private medical colleges & mission hospitals. Among all these hospitals, it is private corporate hospitals, which are the most recent entrants into the health sector, that are growing. The private healthcare market in India is growing and several consulting firms' research indicates this phenomenon. (IBM health report, 2008; PWC health report, 2007).

Many Christian mission hospitals which were in existence before independence have closed due to many reasons. One among these reasons is the onslaught of market forces which has come to stay and the other is the lack of appropriate managerial human resource policies and practices. Yet some Christian mission hospitals have responded appropriately to market forces, have evolved models of excellence and have grown to be better than what they were in

the past. This has been due to a sustained organisational culture and credible managerial human resource policies and practices. They have been able to evolve novel methods of staff retention and have imbibed a culture of excellence by re-engineering processes and aligning service deliveries in line, with prescribed protocols and standards laid down by international and national accreditation bodies. They not only supply healthcare personnel but are also involved in healthcare delivery, along with other similar players in the government, corporate and private sectors.

A study of the association of job satisfaction and organisational culture in a medical college hospital in Bangalore shows that Organisational culture has a '*significant association with job satisfaction.*' The result of their study is '*Job satisfaction assessment for the study population shows that 83% (n=163) of the employees said they are satisfied, only 16 % (n=33) of the employees are moderately satisfied, and none of the employees fall in the poor job satisfaction category. Organisational work culture assessment shows that 43% (n=84) say that work culture is good, 55% (n=109) say it is moderate, and only 1.5% (n=3) say it is poor. Among both clinical and non-clinical groups of employees, factors such as "Clear job responsibilities at work", "Harmonious relationship with the supervisor and colleagues", "Taking pride in the institute's work", and "Appropriate use of skills" made most employees satisfied. Every single clinical employee is proud to be a part of the institute. "Gender difference" and "Category of employees" are not significant for Job satisfaction.*' (Saxena et al., 2022).

OCTAPACE culture has eight components – Openness, Confrontation, Trust, Authenticity, Proactivity, Autonomy, Collaboration and Experimenting. Dr Hamdani has carried out his study of OCTAPACE organisational culture in four (4) hospitals in India and found that the Hospitals studied '*have a satisfactory OCTAPACE Culture.*' The other findings are: '*Team spirit is encouraged in the hospitals. Employees in the hospitals like to work in teams and are helpful to each other. Weaknesses of employees in hospitals. are communicated to them in a non-threatening way. Employees in hospitals are not encouraged to take initiative and do things on their own. They are not encouraged to experiment with new methods and try out creative ideas. Employees in the health care sector are afraid to discuss or express their feelings with their supervisors. When seniors in hospitals delegate authority, juniors use it as an opportunity for development. Team spirit is of high order in healthcare. People trust each other in the organisations. Delegation of authority to encourage juniors to develop and handle higher responsibilities is not encouraged.*' (Hamdani, 2018).

Lone & Nazir, (2020) have assessed organisational culture using the Competing Values Framework in the health sector. They have taken the population of the study to consist of employees working in eight (8) major hospitals of Jammu and Kashmir, which include four (4) private sector hospitals and four (4) public sector hospitals. The sample unit consists of healthcare workers, administrators, doctors, and paramedical staff. The findings of the study report that '*organisational culture has both positive as well as negative impact on turnover intentions.*' It reveals that '*market and hierarchy culture positively and significantly correlated with turnover intention*.' Public *and private sector hospitals had significant differences in three types of cultures. Public sector hospitals scored higher on market and hierarchy cultures compared to private hospitals.*' and '*private sector employees have higher turnover intentions as compared to the public sector. employees*'

Jaiswal & Raychaudhuri, (2021) carried out a study of enhancing employees' organisational commitment in the Indian Health Sector. They initiated the survey from August 2019 to December 2019 in private hospitals in the Delhi-NCR region. The results of their analysis revealed that '*there is a statistically significant linear connection among Perceived Organisational Justice and Organisational Commitment*' and there is a '*statistically significant linear connection between Organisational Learning Culture and Organisational Commitment.*'

Nair & Thomas, (2020) found that in the healthcare sector in India, '*leadership support for patient-centred operations helps achieve operational excellence.*' Nayak et al., (2018) studied Workplace Empowerment, Quality of Work Life (QWL) and Employee Commitment in private healthcare units providing varying levels and types of care in Bhubaneswar and Cuttack. The target population for the study were all nurses, paramedical and supportive staff active on the payroll of the healthcare units. Workplace empowerment consists of four factors, namely, resource, support, power, and opportunity. QWL comprises six factors: social support, occupational stress, compensation and rewards, work environment and professional development. Employee commitment is constituted of affective, continuance and normative commitment. The authors find:

- The correlation between workplace empowerment and QWL was moderate.
- The correlation between workplace empowerment and employee commitment was moderate.

- The correlation between QWL and employee commitment was relatively high, suggesting that both workplace empowerment and QWL have positive and significant relationships with employee commitment.
- Workplace empowerment has a significant relationship with employee commitment in healthcare organisations. Healthcare employees who have an optimistic perception about the level of empowerment may exhibit a higher degree of commitment.
- Employees experience better QWL when they have adequacy of resources, support, power and opportunity at the workplace.
- There is a significant relationship between QWL and employee commitment, and
- The study establishes the partial mediating effect of QWL on the relationship between workplace empowerment and employee commitment.

In a study conducted among private hospitals in Kerala, focusing on factors influencing the retention of healthcare employees, it was found that the recognition of healthcare workers and employee appreciation emerged as the most significant predictors of staff retention, followed by the level of job satisfaction. However, there exists a disparity between what employee's desire to be rewarded for and the prevalence of performance recognition programs in healthcare organisations. Additionally, work satisfaction plays a crucial role in employee retention. According to the "Trendicator Best Practice Report 2020," 40% of employees expressed a desire to be acknowledged and recognized for "success," followed by "knowledge or competence" at 24%, "effort" at 20%, and "living caring values" at 16%. (Riyaz et al. 2024).

In a study conducted in Bahrain focusing on the impact of leadership styles on turnover intention among staff nurses in private hospitals, it was discovered that effective leadership initiatives motivate workers and delegate responsibilities to individuals or groups to achieve organisational goals. The retention rate of an organisation significantly influences its success or failure, with healthcare management being urged to cultivate effective leadership styles. Recent research highlights that one of the primary reasons for employee turnover is an ineffective managerial approach. Therefore, the study emphasises the importance of adopting appropriate leadership management styles to enhance workforce retention. (Pattali et al, 2024).

In research conducted among healthcare sector employees in Tamil Nadu, it was discovered that motivational practices and retention are positively correlated. This relationship was deemed to have a substantial influence on the overall success of the healthcare sector. (Santhy, T., & Velmurugan, 2023).

A research study conducted in rural community health centres in Tamil Nadu examined the intent of doctors to stay using the ERG needs theory. It discovered that growth needs were the most significant predictors of the intent to stay. The study revealed that growth needs, such as professional advancements, higher education to enhance community participation, and improving basic necessities, played a crucial role. (Shanmugapriya et al. 2022)

In a study conducted at a multispecialty hospital in Tamil Nadu on HRM practices, it was discovered that many hospitals encounter financial hurdles and struggle with staff retention problems. These challenges are compounded by the scarcity and uneven distribution of healthcare human resources, as well as inadequate allocation of resources in appropriate technology, leading to staff attrition. (Hemalatha, D., & Jambulingam, 2022).

In another study examining employee turnover intentions in selected multispecialty hospitals in Northern Tamil Nadu, focusing on fairness in performance appraisals, it was revealed that both the fairness of performance appraisals and the availability of promotion opportunities significantly impact the commitment of healthcare workers and, consequently, their inclination to consider leaving their jobs. Promoting positive HRM practices with a perception of fairness in performance appraisals has been shown to influence organisational commitment and behaviour, including intentions to quit or attrition. (Thanigaiyarasu et al, 2022).

A study conducted among doctors in Coimbatore district, Tamil Nadu, revealed that hospitals face a significant challenge in both managing and retaining doctors. The study found that factors concerning work-life balance play a crucial role in employee retention among eye doctors in the district. (Gowrishankkar & Jayaraj, 2021).

A study among doctors at eye hospitals in Coimbatore, Tamil Nadu revealed that organisational factors such as culture, leadership, work environment, colleagues, job nature, and employer brand directly influence employee retention. Therefore, organisations must carefully devise strategies and policies to uphold these factors. (Gowrishankkar, V., & Jayaraj, A. M., 2021).

In a study on human resource management policies and causes of occupational stress in private hospitals in Nagapattinam district of Tamil Nadu, it was discovered that effective management strategies are crucial for addressing employee stress. Respectful treatment, recognition of contributions, active encouragement, continuous training, and prioritising employee well-being are essential for retaining skilled staff and fostering a positive work environment. Private hospitals must prioritise employee well-being by implementing stress-relief practices and promoting work-life balance. Proactively managing employee stress can

cultivate a supportive and productive workplace, benefiting both employees and the organisation. (Karthik, N., & Ilavenil, R., 2023).

A study on India's healthcare worker shortage emphasised the need for improving retention and medical education. Despite having the largest number of medical colleges globally, India faces challenges with doctor retention and medical education quality. Policy changes are necessary to boost rural public health spending, enhance pay, infrastructure, and career growth opportunities. Additionally, there is a significant brain drain, with many medical graduates migrating overseas for better working conditions and salaries, resulting in the loss of India's investment in subsidised medical education. Furthermore, there is a significant urban-rural doctor distribution gap due to various factors such as lack of facilities and security concerns. Previous attempts, including monitoring incentives and coercive policies, have failed to address these issues. (George A.S, 2023).

A 2019 study in Tamil Nadu found a positive correlation between workload, extended work hours, and job satisfaction among government hospital doctors. Conversely, job stress was found to have a negative impact on their job satisfaction. (Govindaraju, N., 2019).

In a study in the U.S with regard to the retention of surgical specialists involving their engagement and workplace satisfaction, it was found out that workplace factors affecting surgical faculties satisfaction and intention to leave was mainly institutional understanding of their work environment factors and ensuring that the surgeons were satisfied in their work. AAMC (Association of American Medical Colleges) faculty conducted a forward engagement survey which evaluated demographic variables, physician workplace satisfaction, and overall engagement among faculty sub groups, which included a comparison of surgical and non-surgical clinicians. Multiple regression analysis was conducted to identify critical factors which are closely related to surgeon satisfaction and the intention to leave. The strongest predictors of surgeons' overall satisfaction included departmental governance, collegiality and collaborations and relationship with the supervisor. Compensation and benefits were important but did not rank at the top. Collegiality and collaboration and nature of their work were most closely related to leaving the medical school within one or two years. (Wai et al. 2014).

In a study among private hospitals in Theni district in Tamil Nadu, it was observed that workers need to have employee recognition, continuous training, and addressing unnecessary stress to retain the skilled employees. (Ali, M., & Thahira, N., 2017).

In another study by Jayaraman et al. (2017) on employee retention practice in higher education institutions in Tamil Nadu it was found out that job satisfaction, salary, promotion is of great importance among academicians. There are intrinsic as well as extrinsic factors that

affect the academic retention process. academic staff see job satisfaction as a most important aspect This was regarded as an intrinsic element that motivated staff to stay with their job. There are also extrinsic aspects that have an impact of either positively or negatively affecting the job environment. salaries, academic promotion and development. These were also major factors.

The study examines the challenges of recruiting and retaining qualified medical faculty in India's medical colleges. It highlights a significant shortage of faculty, with reasons ranging from delays in recruitment processes to attractive opportunities in the private sector. Key findings reveal high vacancy rates, particularly in specialised and surgical fields, heightened by recruitment process delays and rigid guidelines. Solutions proposed include establishing centralised registries for faculty, creating medical recruitment boards, and promoting mid-career entry for professionals. (Gupta, A., 2022).

In a study conducted in the U.S to identify predictors of early faculty attrition at the medical centre it was found out that some of the reasons for this was lack of an environment that fosters teaching research and creativity, lack of individual's perception of attempt for his professional development, lack of climate of inclusiveness, respect and open communication. Faculty attrition was also associated with lack of institutional recognition and support for excellence in teaching. (Bucklin, 2014).

A study by Dhanabhakyam, M. (2024) on occupational stress among employees of a private healthcare sector in Malappuram, Kerala showed that a number of factors such as inability to maintain work life balance, daily challenges, emotional and psychological of the job, work dissatisfaction contributes to occupational stress which is detrimental to providing a high-quality patient care and being part of a harmonious dynamic team. In addition, a healthy and productive workforce can contribute towards better financial performance of the organisation, while providing the best care to the patients.

It has been the observation of National Medical Commission (2024), the country's apex medical education regulator for granting recognition for running MBBS courses that no medical college had adequate faculty members or senior residents and all fail to meet the 50% attendance requirements. It was further observed that "majority of the colleges had either ghost faculty or had not employed the required faculty at all."

In a study with regard to challenges in retaining faculty in new and upcoming medical colleges, it was found that such colleges must recruit and retain skilled and experienced faculty members who are an important economic and intellectual asset. It was observed that faculty attrition was the major problem faced by new medical colleges. Non-satisfaction with the

leadership and delay in promotion were the reasons for faculty attrition. From a faculty's perspective it is possible for such colleges to retain high quality faculty by providing more opportunities for professional growth, autonomy, with reduced bureaucracy where one can express and implement ideas. Better salaries and recognition along with transparent management and quick decision making could go a long way to address this issue. (Walia, et al. 2023).

India has the largest number of medical colleges in the world and it has been observed that as the number of medical colleges proliferate there is a crisis in "the recruitment of faculty which cannot match the space since most medical students do not pursue teaching voluntarily as pointed by Dr. Kiran Madhal, coordinator of Medical Teachers, All India Federation of Government Doctors association. It was further suggested that uniform guidelines and competitive pay scales to incentivize faculty retention be instituted by the NMC (2024), while establishing consistent policies. Since none of the colleges met the mandated 50% attendance requirements.

A study in private hospitals in Salem District, Tamil Nadu, found that employees face extreme stress due to factors like poor working conditions, management approaches, heavy workloads, and interpersonal issues. The absence of good relationships heightens the problem. Concerns about training, age, pay, and experience were noted. Stress significantly affects the healthcare sector's organisational atmosphere. Administrators must address stress to improve efficiency, fairness, and employee well-being, which are crucial for organisational success. (Meenakshi et al., 2022).

The authors conducted a study to investigate the reasons behind faculty departures at an Academic Medical Centre (AMC), focusing on both clinical and non-clinical faculty. They surveyed 177 former faculty members who left the School of Medicine (SOM) over a 15-year period. The survey explored various aspects including work history, reasons for departure, and satisfaction at the SOM compared to their current workplace. The findings revealed that professional and advancement opportunities, salary concerns, and personal/family reasons were the primary factors influencing faculty departures. Clinical faculty tended to have shorter tenures at the SOM, expressed lower satisfaction with their workplace, and perceived institutional expectations for success as 'incongruent' and 'inaccurate', more often than non-clinical faculty. Clinical faculty cited difficulties in balancing their multiple roles as clinicians, researchers, and educators, as well as challenges in meeting institutional expectations for advancement, as reasons for leaving. The study suggests that AMCs may not adequately meet the needs of faculty, particularly those in clinical roles. To effectively recruit, retain, and

advance faculty, institutions should address the challenges faced by clinical faculty in balancing their various responsibilities and navigating institutional expectations. (Girod et al., 2017).

The study by Devi, B. R., & Hajamohideen, O. M. (2018) aimed to assess the quality of work life (QWL) among nurses in selected private hospitals in Thanjavur. Tamil Nadu. z It involved 253 nurses from five hospitals and employed a cross-sectional design. Using multinomial logistic regression analysis in SPSS, the study identified significant predictors of QWL among nurses. Results showed that a considerable majority (67.2%) of nurses were dissatisfied with their QWL. Educational status, monthly income, working unit, and work environment emerged as strong predictors of QWL ($p < 0.05$). The findings underscored the importance of addressing key factors influencing nurses' perception of their work life quality. The study highlights the need for healthcare managers to be attentive to issues affecting QWL as perceived by nurses. By addressing these concerns, healthcare facilities can potentially enhance nurses' satisfaction and, consequently, the quality of care they provide.

Medical schools need to address faculty discontent, as emphasised by the researcher, who cautioned against a hands-off approach towards faculty satisfaction and institutional vitality. Programs aimed at fostering faculty well-being are more cost-effective than continual recruitment efforts. The success of medical schools hinges on faculty performance in teaching, clinical care, and scholarship. However, recent studies reveal disillusionment among medical school faculty, especially clinician-educators, due to time constraints for teaching, scholarship, and personal growth. Additionally, clashes between faculty and institutional values and the perceived bureaucracy further exacerbate the issue. The consequences, including declining interest in academic medical careers among graduates and high faculty turnover rates, underscore the urgency of addressing faculty concerns. For instance, a survey revealed that a significant percentage of faculty are contemplating leaving academic medicine within five years, citing various career impediments. The predictors of intent to leave encompass a range of factors affecting both men and women, clinicians, and basic scientists. These findings echo earlier studies and emphasise the need for proactive measures to enhance faculty satisfaction and retention. In this study, the predictors to leave fell into 5 general categories namely,

1. Faculty Development Program
2. Support for clinician-educators
3. Balancing career and family
4. Networks of colleagues
5. Participation in Institutional Governance

Medical schools must pay attention to sources of discontent among faculty. (Lowenstein et al., 2007).

## 2.10 Retention of Healthcare Personnel

In some countries such as Bangladesh, the health system provides policies that deliver incentives to healthcare workers, who work in rural areas and hill districts although the allowance may be inadequate (Brinkerhoff, 2005; Darkwa et al., 2015; Dieleman et al., 2003; Henderson & Tulloch, 2008; Martineau et al., 2004). Financial incentives and career development opportunities are proven to be the improvement factors for the retention of healthcare workers in rural settings. The opportunity cost of working in rural areas is sometimes offset by financial incentives, hardship allowance, free transportation, paid vacation etc. Maintaining a balanced distribution of doctors and nurses, and minimising shortages is a major challenge, especially while providing adequate medical personnel for rural areas. Improved career development opportunities, incentives and provision of better working conditions enhance retention. In addition to this, transparent policies for career progression plans, fair promotional policies, and posting, and transfer policies are critical for good governance. (Gruen et al., 2002; Nguyen BN, 2005; Wibulpolprasert & Pengpaibon, 2003).

In Vietnam and Thailand, studies show that the incentives have been more successful in retaining medical personnel. Salaries and allowances are two key factors that influence health workers to continue or quit rural posting. It has been found that integrating retention strategies into a cost-validated national health workforce plan will help bridge the gap to implement strategies for rural retention such as in Bangladesh (MoH&FW, 2008). This has been recommended by the World Health Organisation (WHO) that any retention strategy must necessarily be linked to broader national and local health systems structures and policies. With this, an adequate advantage of synergies, and increased efficiency would be possible. An example of this is in many developing countries newly recruited medical doctors must serve at least 2 years at the union health sub-centre level and in many instances, this becomes a prerequisite condition for a postgraduate degree in Medicine, and for pursuing a better career path (World Health Organisation, 2010).

### 2.10.1 Organisational Culture and Retention

Organisational culture will be affected by the organisation's interest in ensuring employees achieve a work-life balance. Several research studies show that commitment of employees and

retention rate increase when an organisation shows commitment to family needs and work-life balance (Haar & Spell, 2004; Rothbard et al., 2005; Wang & Walumbwa, 2007). Organisations that emphasise collective teamwork and responsibility and nurture a sense of respect for one another are likely to produce more commitment and loyalty and produce employee retention irrespective of the variations of individual performance within the team. At the same time, some organisations focus on individual performance, which monitors and evaluates achievements at the individual level. In such a situation, weak performers will leave the organisation whereas strong performers will remain in the organisation till they can achieve better rewards elsewhere. Employee retention rates of "both strong and weak employees" tend to be uniformly high in some organisations and varied in others (Kerr & Slocum, 2005).

The core values of an organisation determine the way they act within the organisational unit. This can have a heavy influence on the possibility of internal conflict. Organisation culture is therefore important when one looks at cultural issues in the workplace (B. Watson et al., 2005). Many Human Resource executives and management can find that attracting and retaining talent is a problem (Barney, 1991; M. Samuel & Chipunza, 2009) because of cultural and social issues/ norms associated with a specific country (Metcalfe, 2008). One important way of retaining staff is to create an organisational climate conducive to the staff. The organisation must find out why the employee leaves the organisation. Value proposition focuses on the organisation's strengths and values, and it would make the institution stand apart from and differ from its competitors. When the employees care about their organisation, they would take more responsibility. Progress evaluation helps to keep the organisation on track (Gering & Conner, 2002). Employees' commitment to the organisation and their willingness to remain and be focused on organisation objectives will to a large extent depend on organisation culture which influences employee commitment. Also, employees will want to work in an organisation where the values they see are the values they hold dear or that which they consider as organisation culture and value (Robbins & Coulter, 2008).

When doctors leave the organisation, their duties can be shifted onto other personnel in the institution leaving them feeling very burdened. This situation affects patient care as well because every patient usually wants to be cared for by the same healthcare provider every time, they visit the hospital. Healthcare providers must learn to add "value" to be able to survive and retain doctors. *"The value chain consists of value-adding service, deliveries, strategies that are primarily operations (clinical) and marketing oriented as well as value-adding support strategies that include organisational culture, organisational structure, and strategic*

*resources."* This would therefore add value during *"pre-service, point-of-service and after-service"* of the healthcare delivery (Swayne et al., 2013).

### 2.10.2 Human Resource Practices and Retention

Retention is an area of concern for organisations because employees intending to leave is disappointing for both employees and employers. Organisations have to bear the cost of hiring and the cost of losing their employees; therefore, organisations try to retain their existing staff. In fact, this retention of employees and their appreciated skills helps the organisation to preserve its investment in employee training, which causes a lower loss of human capital and yields higher retention (Acton & Golden, 2003). For successful and effective retention, the organisation has to manage congruently different areas such as compensation, job security, the internal structure of the organisation, recruitment policies and strategies, training and development, career progression opportunities, supervision and supervisor support culture, work environment, organisation justice and fairness. An extensive range of Human Resource management factors influences employee commitment and retention (Beck, 2001; Clarke, 2001; Parker & Wright, 2001; Stein, 2000).

A study by Fathima et al., the impact of engineers' satisfaction with fairness in key human resource management techniques such as performance management, remuneration and pay, and employee relations on their intention to remain with Indian construction firms. According to their findings, contentment with fairness in human resource practices such as performance management and employee relations is positively associated with engineers' intention to stay, whereas satisfaction with fairness in relations with workers practices predicts engineers' intention to stay extremely well (Fathima et. al, 2023).

A report by the (CIPD, 2005) Chartered Institute of Personnel and Development (CIPD) "The three top reasons for staff leaving an organisation in a study carried out on recruitment, retention and turnover in the U.K., with the percentage of employees voting for each of the reasons. These were Promotion outside the organisation (53%), Lack of development of career opportunities (42%), and change of career (41%). In the same study, the eight top initiatives taken to improve retention with a percentage of employees voting for each of the initiatives were improved employee communication/involvement (57%), increased learning and development opportunities (49%), improved induction process (45%), increased pay (40%), improved selection techniques (38%), improved benefits (34%), improved work-life balance (34%) and improved line management Human Resource skills (32%)". Just like how each

employee is unique, in the same manner, each employee has different reasons for working. Organisations that have a meaningful purpose with a clear mission statement that excites and enthuses the employee thereby nurturing, productive and dedicated staff. Employers must use soft skills apart from other Human Resource practices to retain their employees.

Employees look forward to opportunities to enhance their skills in learning and development to contribute meaningfully to the organisation thereby increasing loyalty and retention. Flexibility in jobs, constant communication, training and development are essential to high-retention organisations (Bhatt, 2015). An example of this could be seen in organisations supporting mechanisms which enable employees to have *"flexible working schedules,"* which certainly is an effective policy for reducing employee turnover (Pasewark & Viator, 2006). When organisations support their employees in difficult tasks of integrating work-life responsibility, they are likely to be more loyal to the organisation and commit themselves to long-term employment in the organisation. (Allen, 2001).

The demand for doctors and the supply of doctors in India is further accentuated by doctors leaving healthcare organisations and moving on to greener pastures, nationally and internationally. Skilled medical doctors from India migrate to the international market for higher wages, better professional growth, and better skill development compared to the poorer working conditions in India. To address this major shortage of doctors, it becomes necessary for hospital management to focus on effective HR strategies to achieve better outcomes. Hospital Human Resource management while addressing the shortage of doctors needs to *"act as coaches, mentors, counsellors, identifiers of successors by promoting organisational ethics, values, culture and beliefs"* (J. Sivakumaran, 2013). It has been further observed that HRM policies must be constituted and managed congruently for better employee-employer relations, reduction of turnover and better employee commitment (Arthur, 1994; Delaney & Huselid, 1996; Ichniowski et al., 1997; Macduffie, 1995). Employee retention is paramount in a hospital to prevent the shortage of staff. To facilitate employee retention, the administration should treat them like how they treat customers with respect and dignity, working to satisfy them and helping them to achieve their goals. If employee retention does not happen, there will be a shortage of staff resulting in increased staff turnover and eventually an increase in the burden on the administration to train and educate recruits. Efforts taken to retain staff would be rewarding since they *'prevent the loss of competent employees'* (Chiboiwa et al., 2010). Many studies have proved that employee satisfaction helps in employee retention which is directly proportional to improving patient care. Thus, healthcare organisations need to focus more on aspects such as employee satisfaction and employee retention (K. S. Collins et al., 2008). If a

hospital manager wants to be the best and wants to retrain employees in his organisation, he needs to have accountability, reward his employees for their successes and take corrective actions whenever needed.

Strategy to improve retention should include a sound business plan, value proposition, progress evaluation and management influences. A business plan will show whether the investment into the organisation has returned as expected. The reason for including the business plan is that the managers should be aware of the cost involved in employee turnover. Then they should know the significance of retaining the employees in their organisation. Retention costs include search costs, recruitment, induction, recruitment, and bonuses. When the financial costs are calculated, the need to reduce these costs is more apparent. It is important to communicate to the employees the vision, direction, and guiding principles so that employees would feel important. There is an increased demand for qualified personnel in healthcare services. There is a continuous lack of doctors in hospitals. Effective strategies and policies in Human Resource management significantly help managers retain staff as it is very important in rendering health services (E. Arnold, 2005).

Organisations should take steps to retain employees, to avoid unwanted turnover due to stress, low job satisfaction, unsatisfactory working conditions and inadequate benefits (Anis et al., 2011). Successful organisations realign their processes and motivate their employees to improve performance. A Performance Management System (PMS) was initiated and installed. Staff were trained thus enabling them to grow and contribute more of their potential and skills. This process as it was improved upon and fine-tuned ensures that the employee wants to continue to work in the organisation. By doing this, organisations ensure that the employee's objective and purpose of work synchronises with the organisation's stated purposes (Fitz-enz, 1990).

Some of the other variables in human resource management in healthcare organisations with retention in mind are *'institutional environments that frame healthcare workers' educational preparation,' 'the system of professional regulation,' 'organisational incentives,'* and the *'broad range of levers that can be mobilised at both organisational and system levels.'* (Dubois & Singh, 2009). The hardest aspects of human resource management need to be considered while considering the retention of medical staff. *"Hard aspects of work"* certainly have a relationship with job satisfaction. Such variables like pay (distributive justice, performance pay, and drastic pay increases), work schedules, working hours, seniority, firm size, physical work environment and availability of resources and medical equipment are key elements in the job satisfaction of medical staff. One must take them into account in hospital

Human Resource management with an emphasis on doctors' well-being for effective retention (Vilar & Azzollini, 2013).

According to Cole, '*employees remain faithful to such associations where they have esteem, a sense of pride, and work to their maximum capacity.*' '*The explanations behind retaining personnel in the association are the reward system, development, and advancement, pay a bundle and work-life balance. Retention is the crucial focus for a firm as hiring qualified workers is rudimentary to the institution. However, maintaining the workforce is vital because an immense amount of money is spent on their orientation and preparation at the workplace once they are employed.*' (Cole, 2000). It is almost universally acknowledged that there is a fundamental philosophy of finding value in one's employees and investing in them. '*Successful organisations are thereby developed and sustained by retaining such promising employees.*' (Anand, 1997; Maguire, S, 1995).

Walker finds that '*retention of such promising employees is one of the main factors in achieving competitive advantage among similarly placed organisations.*' (Walker, 2001). Kher suggests that '*implicit retention factors that are visible in spontaneous, expressive, and pleasurable behaviour can be classified into three variables – power, achievement, and affiliation. Retention factors, implicit and explicit, may relate to varying aspects of the person. However, both these are vital determinants of behaviour.*' (Kehr, 2004). Cappelli recommended important factors that directly play a key role in employee retention. These are '*career opportunities, work environment, work-life balance, organisational justice, leave policy and organisational image.*' (Cappelli, 2000).

Organisations that provide these factors enthuse employees to stay loyal since they are valued and have a sense of pride and hence can work to their full potential. '*Some of the reasons employees wish to stay in an organisation are the reward system, growth, and development, pay package and work-life balance. Employing qualified candidates is a pivotal aspect of the organisation's ability to fulfil its purpose statement including its mission and vision. However, retaining them becomes more important since a large amount of money is spent on recruiting, inducting, and training such employees. Research suggests that it costs up to twice the employee's advance salary to get a new employee when an old-trained employee leaves the organisation. Moreover, when an organisation loses an employee, they also lose customers and clients loyal to the outgoing employees.*' (Cole, 2000).

Research has shown that factors such as competitive salary, friendly working environment, healthy interpersonal relationships and job security were key motivational

variables reported by employees that would influence their retention in their organisation (Kinnear & Sutherland, 2001; Maertz Jr & Griffeth, 2004; Meudell & Rodham, 1998).
According to a research study in the U.K., while studying employee turnover, it was identified that certain "push factors" cause an employee to seek another job and certain "pull factors" would facilitate employees to move towards attractive higher benefits/wages in the organisation (CIPD, 2006). Based on these, Loquercio and others have developed the 'push and pull factors' which is a framework consisting of environmental factors, programme factors, organisational factors and personal factors (Fig 2.1). These factors would eventually influence staff turnover and how good HR management practice can counteract the effects of push factors (Loquercio et al., 2006).

Pay and working conditions called *'push factors'* also apply to health workers. It is however pertinent to know that job satisfaction and economic prospects called *'pull factors'* are of equal importance (Chankova et al., 2009; Connell et al., 2007; Ojakaa et al., 2014). The key to providing pay plans that are not only competitive but also tailored or dovetailed to fit the demands of the physicians, including a productivity incentive, is flexibility. A fixed annual pay can range from a simple basic salary to a complicated array of elements including incentives, bonuses, and benefits. Only operating expenses are covered by the straight salary form of physician compensation, which is a fixed sum of money paid to the physicians. However, it does not offer motivation for productivity. The hospital or healthcare can use incentive programmes like productivity/performance-based allowance as an additional pay-out or substitute the fixed income for physicians. Physicians are therefore paid a guaranteed wage. To safeguard everyone's interests, compensation arrangements are modified periodically (B. Watson et al., 2005).

The challenges of remunerating doctors are observed in all countries whether rich or poor. It is observed that a higher proportion of health professionals remain in wealthier/urban places whereas half the global population live in rural areas. Rural areas globally are served by 38% of the nursing workforce and 24% of the medical workforce (World Health Organisation, 2010). In Bangladesh, there are approximately five physicians and two nurses per 10,000 persons, which is far short of WHO requirements (Watch (BHW), 2008). In their studies, Dussault & Franceschini have shown that 35% of doctors and 30% of nurses functioned in 4 major cities (Dhaka, Chittagong, Rajshahi, and Khulna) where less than 20% of the population lived (Dussault & Franceschini, 2006). Interestingly, this translates to the medical doctor-to-population ratio in urban areas is 1 doctor per 1500 persons; in rural areas, the corresponding figure is 1 per 15,000 (Ahmed et al., 2011).

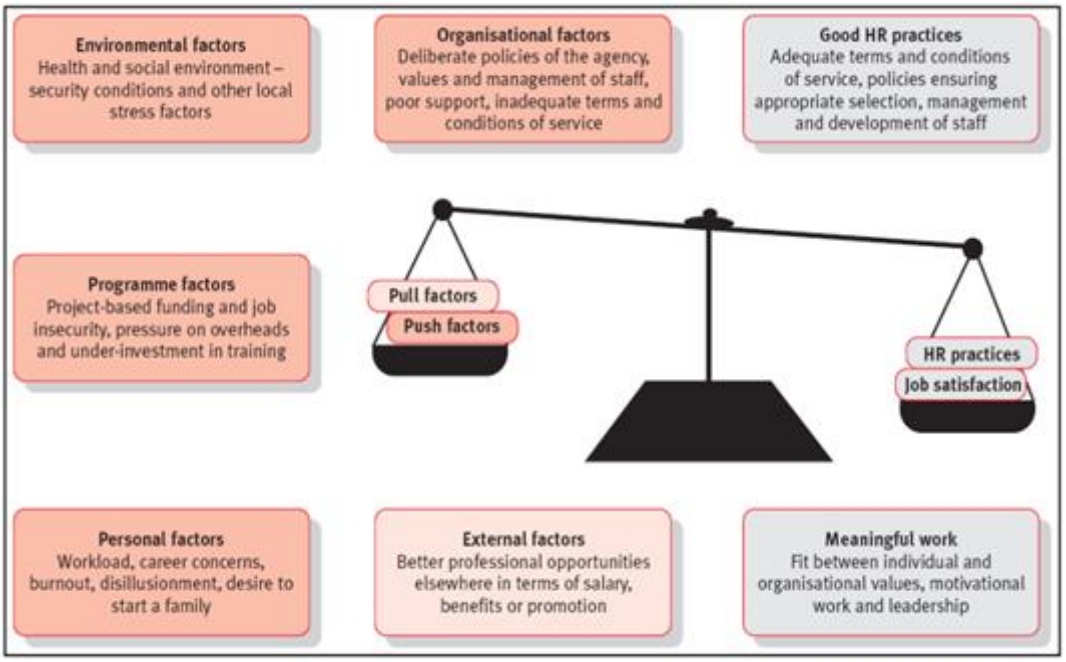



**Figure 2.1 Factors Affecting Turnover in the Humanitarian Sector**

**Source:** Loquercio *et al.* (2006). Understanding and Addressing Staff Turnover in Humanitarian Agencies, Humanitarian Practice Network (HPN), Number 55, June.

Figure 2.1 above shows the various push and pull factors which affect the turnover in the humanitarian network. The researcher considers that it is customary depending upon the organisation to reward the physician either by paying only the straight salary or by paying a straight salary and PBC (Performance-based Compensation)/incentives based on their productivity. In other words, the '*agreement that is usually signed before recruiting the physician/surgeons will include a specific clause about compensation along with its break up comprising of a fixed salary or base salary and the fact that they can participate in incentive programs which may be available from time to time or sometimes, a formula can be worked out wherein the physician/surgeons can have additional remuneration based on the excess they earn over and above their cost-to-company (CTC).*' (Darkwa et al., 2015). The health system building block and an analytical framework used by World Health Organisation, (2010) while describing health systems classify the core components into six key areas: '*Leadership and Governance, Service delivery, Health System Financing, Health Workforce, Medical Products, Vaccines, and Technologies, and Health Information Systems.*' Studies have shown that there was a global shortage of approximately 4.2 million healthcare workers (doctors, nurses, dentists, midwives) as of 2006.

In 2013, during the third Global Forum on Human Resources for Health in Brazil, it was observed that numerous challenges persist in the health field, among which are shortages

of some categories of health workers, with more shortages forecast: 100 countries fall below the threshold of 34.5 skilled health professionals per 10 000 population, (Fig 2.2) that the global deficit of skilled health professionals (midwives, nurses, physicians) is expected to rise to 12.9 million by 2035; An ageing healthcare workforce and replacement challenges, skill-mix imbalances, wide variation in availability and accessibility within countries; keeping health workers motivated in an enabling environment; insufficient priority afforded to performance assessment and the quality of care; varying capacity in estimating future needs and designing longer-term policies; and lack of systems for reliable and updated information and data on human resources for health. In 2013, the Global Health Workforce Alliance (GHWA) was successful in bridging the gap between the push for achieving universal health coverage and the health workforce agenda. The historic Third Global Forum on Human Resources for Health has made it possible for World Health Organisation (WHO, 2013) Member States, GHWA members and partners, and the larger community to identify the health workforce challenges and requirements. It has also helped to recognise that health workforce challenges affect countries at all levels of socioeconomic development, not just low- and middle-income countries with a severe shortage.

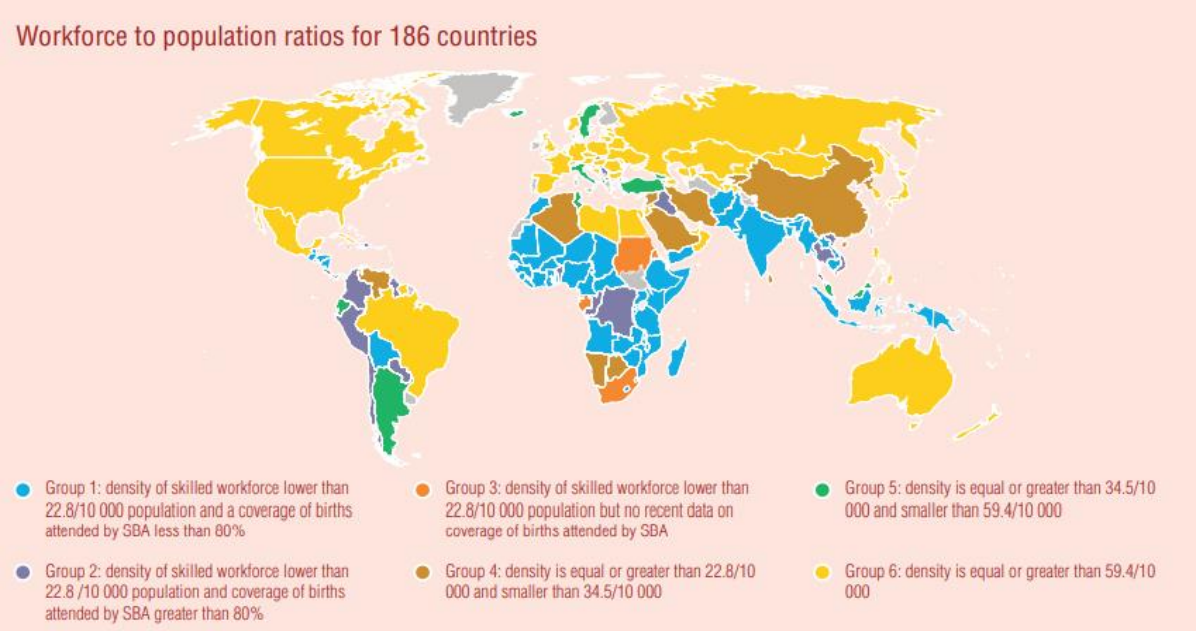



**Figure 2.2 Workforce to Population Ratios for 186 countries**

**Source:** Campbell et. al, A universal truth: no health without a workforce. Forum Report. Global Health Workforce Alliance and World Health Organisation, 2013.

Remuneration for the medical team comprising physicians/doctors/nurses becomes challenging when the healthcare needs of the population in a rural area or remote location are

being addressed. It is obvious that the majority of the medical team would not opt for a rural posting or would not want to continue his/her practice for any length of time in a rural/difficult setting with fewer facilities of convenience for self and family (WHO & GHWA, 2013).

"Hill tract allowance" for health workers in hill districts in Bangladesh had to be worked out to augment motivation, to enhance retention in public service and compensation packages (Darkwa et al., 2015; MoH&FW, 2008). '*There is ample evidence that financial incentive plays a major role in attracting physicians in rural areas.*' (Dolea et al., 2010)

The Joint Learning Initiative on Human Resources for Health identified five challenges to human resources for health: '*shortages, skill mix imbalance, inequitable distribution and migration of providers, a weak knowledge base, and a negative work environment.*' With these challenges and with the indicated six building blocks of the health system wherein the key resource is the health workforce, it becomes challenging to work out compensation, perks, incentives, monetary rewards, and salaries for healthcare professionals (doctors, nurses, technicians etc.) (Joint Learning Initiative, 2004).

In a study in Kenya on *'Factors affecting motivation and retention of primary healthcare workers,'* it was identified that '*salary is an important predictor of motivation and retention of healthcare workers'* (Ojakaa et al., 2014). Seven key motivational areas/themes were found to be important for addressing health worker retention and migration in a study that included 20 articles and covered the following general topics: improving health worker motivation, reducing medical migration, recommended health interventions that were linked to motivation, in a study conducted in a developing country, using primary data.

- Financial records (salary and allowances),
- Career development (possibility to specialise and be promoted),
- Continuing education (have the opportunity to take classes and attend seminars),
- Hospital infrastructure (physical condition of health facility often called as 'work environment'),
- Resource availability (equipment and medical supplies required by health workers to do justice to their work),
- Hospital Management (having a positive working relationship with the management), and
- Person recognition and appreciation (from managers, colleagues/community).

Retaining the health worker is crucial for the health system's performance. Healthcare migration (as opposed to retention) is a major problem, and one of the best methods to motivate

and retain health workers is the impact of financial and non-financial incentives for motivation and retention. While '*low salaries are demotivating to health workers because their skills are not valued, it is important to integrate other incentives with financial incentives since these alone would not keep health workers from migrating'* (Willis-Shattuck et al., 2008). Compensation plays an important role in decision-making for the doctors in the Philippines under the 'doctors to the barrier program' wherein they are compensated with good salaries and full benefits as of the National Department of Health, provided they accept the assignment of the municipalities for two years. Later, these doctors have priority entry into master's degrees or clinical residency programs (Leonardia et al., 2012). However, it has been found that retention becomes an issue when doctors and physicians, apart from considering the needs of spouses and children which is the commonly cited need, also feel that their retaining the job is affected by the fact that there is a need to be closer to their parents which increases pressure on the physicians (Feeley, 2003; Smith & Thomas, 1998). It is obvious that increased compensation is not a stand-alone tool but needs to go hand-in-hand with efforts to strengthen capacity and support. In many cases, '*physicians opting to be in rural areas need an additional income to meet a standard of living that may not exist in the rural areas they opted to work.'* (Kyaddondo & Whyte, 2003).

While assessing a Lebanese hospital, it was observed that the absence of sound retention practices, inadequate working environments, and absence of proper recruitment policies were some of the challenges faced in many Middle Eastern hospitals. As a result of this staff shortages, early retirement, attrition, high turnover, and emigration were the natural consequence (El-Jardali et al., 2008). Poor managerial and planning in the area of health human resources along with a lack of strategies for proper recruitment and retention resulted in this dismal predicament wherein the intent to stay in the organisations was threatened with high turnover. In a study (El-Jardali et al., 2009) involving nursing directors in Lebanon, it was found that 88.2% of the sample hospitals faced difficulties and challenges in retaining nurses due to unsatisfactory salaries (.8%) and unsuitable working shifts (38.4%). Some of the other reasons cited from the findings of this study of poor retention were the presence of better opportunities abroad (30.1%) and within the country (30.1%); workload (27.4%), and instability of the country (16.4%). Many of these hospitals engage in carefully planned strategies to address these standards - financial rewards and benefits (62.7%); implementing a salary scale (47.8%), flexible schedules (31.3%), staff development (29.9%), offering praise, incentives, and motivation (19.4%), improving the relationship between nurses and

management (19.4%), improving work environment (14.9%), and promotion opportunities (11.9%).

The mismatch between reported challenges and implemented strategies was one of the major findings of the study which obviously would lead to further challenges for this category of Nursing Directors in the middle eastern region. In a national study (El-Jardali et al., 2013) on '*nurses' retention in healthcare facilities in underserved areas in Lebanon',* it was found the interplay of factors including individual factors such as gender, age, marital status, rural or urban upbringing, area of education and original professional plan at the time of enrolment in educational programs are responsible for influencing the decision to stay or leave including career decisions. Economic considerations related to salary and benefits, total medical school debt and so on are some of the other determinants. In addition to this, other factors such as organisational and socio-cultural environment such as one's personality, practice conflicts, workload, material availability and area lifestyle issues are some of the other factors that influence retention (Dussault & Franceschini, 2006; Henderson & Tulloch, 2008; Rabinowitz et al., 1999, 2001).

In another study in Tacloban city in the Philippines among doctors, it was observed that many doctors are frustrated with their work because of low salaries, long working hours, heavy/tiring workload, a highly demanding profession which sometimes makes one neglect their families, the burden of committing fatal mistakes made such doctors shift to a downward movement in their career, say a nursing profession overseas, thereby subscribing to Alderfer's Existence-Relatedness-Growth (ERG) theory, where-in when a frustration regression dimension sets in, the gratification of a higher-level regression is shifted to a lower-level need (Labarda, 2011). Hence, the ERG theory through the frustration regression dimension helps us understand how the "existence needs" such as salary and compensation will become more important for the shifters than career growth and development which are higher-level needs (Robbins & Judge, 2011).

## 2.11 Organisation Culture (OC), Competing Values Framework (CVF) And Organisational Culture Assessment Instrument (OCAI)

An author whose definition of organisational culture is embraced by many researchers is Hofstede (1991). According to Hofstede, organisational culture is defined as the '*collective programming of the mind which distinguishes members of one organisation from the other*.' Schein defines organisational culture as '*the pattern of shared basic assumptions-invented,*

*discovered, or developed by a given group as it learns to cope with its problems of external adaptation and internal integration – that has worked well enough to be considered valid and, therefore, to be taught to new members as the correct way to perceive, think, and feel in relation to those problems.*' (E. H. Schein, 1990). The overall '*cultural profiles and prominent characteristics of any organisation can be determined using Quinn and Rohrbach's Conflicting Values Framework*' (popularly known by its acronym as the CVF) and a survey using the Organisational Culture Assessment Instrument (OCAI). (Bachitar et al., 2018). The present study followed the approach of (K. S. Cameron & Quinn, 2011a) using the Competing Values Framework to assess organisational culture. The CVF/OCAI model uses six dimensions and four culture types for measuring organisational culture.

To measure organisational culture various models are available. (T. Jung et al., 2009) identified about 70 culture diagnostic instruments. They note that '*many of these instruments create cultural typologies that categorise organisations by their type of culture based on certain sets of predefined dimensions.*' Some of the common tools used for studying organisational culture are (1) The Denison Organisational Culture Survey (DOCS), (2) The Competing Values Framework (OCAI), (3) The Organisational Culture Inventory (OCI), and (4) The Organisational Culture Profile (OCP) (Chatman & O'Reilly, 2016).

According to (Yu & Nengquan, 2009) among the various models and scales, the CVF and its matched scale OCAI have the following advantages:

*(1) Few dimensions but broad implications: The CVF includes only two dimensions whereas incorporates the essence of the eight commonly accepted dimensions mentioned above into its structure. The two dimensions of control vs. autonomy and internal vs. external are directly included in the CVF. Furthermore, three dimensions (stability vs. change; orientation to work/co-workers; isolation vs. collaboration) are explicitly combined in the theoretical model. In addition, the model also addresses, in principle, the other three organisational culture dimensions.*

*(2) Empirically validated in cross-cultural research: A large number of empirical studies have established the reliability and validity of the CVF and OCAI (e.g.,* Howard, 1998).

*(3) Most extensively applied in the context of China: Of the various organisational culture models, the CVF is the only one that has been extensively used with Chinese and Asian samples (e.g.,* Kwan & Walker, 2004).

*(4) Most succinct: The questionnaire of OCAI includes only 24 items and thus is very convenient for practical operations.*'

CVF is a preferred instrument as it '*gauges the culture of an organisation in terms of flexibility versus control and internal orientation versus external orientation.*' (Quinn & Rohrbaugh, 1981). Researchers, Jacobs et al. (2013), Prenestini et al. (2015) and Lone & Nazir (2020) have used the CVF in their studies related to healthcare. These authors have recommended CVF as an established and useful instrument in gauging organisational culture in the healthcare industry. As the present research sampled government medical colleges (2) and private sector medical colleges (9), the researcher has adopted the CVF/OCAI tool for the study of Organisational Culture.

The OCAI is based on a theoretical model called the '*Competing Values Framework.'* This is a dominant framework for the worldwide assessment of Organisational Culture. This framework is very useful while organising and interpreting a variety of organisational phenomena. This framework was developed through research on organisational effectiveness. From this framework, four dominant culture types emerged which serve as a backbone for the OCAI. The four dominant culture types are Clan, Adhocracy, Hierarchy and Market. The cultures define core values, assumptions, interpretations, and approaches that are representative of the organisation, one might expect other characteristics of the organisation to reflect four culture types. For example, the CVF can be used to identify major approaches to Organisational design, Stages of lifecycle development, Organisational quality, Theories of effectiveness, Leadership roles and Roles of HR managers and Management skills (K. S. Cameron & Quinn, 2011).

In a research study by Fatmawati and colleagues, the OCAI method was used to determine the present and future picture of OC at PT Ruby Starindo East Lombok Branch. According to their findings, the existing organisational culture at PT Ruby Starindo East Lombok Branch is Market Culture, while the culture intended or expected in the future is Clan Culture (Fatmawati et al, 2023)

In the last two decades, many writers have given a variety of dimensions and attributes of organisational culture. Detailed reviews of literature can be found in this field (Beyer & Cameron, 1997; K. S. Cameron, 1988, 1997; Martin, 1992; Trice & Beyer, 1993). To illustrate the variety of dimensions represented - Sathe, Schein and Kotter & Heskett argue cultural strength and congruence as the main cultural dimensions of interest. (Kotter & Heskett, 1992; Sathe, 1983; E. H. Schein, 1984). Albert and Whetten identified a holographic versus idiographic dimension as critical when analysing culture (Albert & Whetten, 1985). The CVF is used to diagnose and facilitate change in organisational culture. It was imperatively derived and has both phrase and empirical validity. It further helps to integrate many other dimensions

various authors have proposed. It is important to state here that many dimensions and aspects have been proposed and discussed about the organisational culture which is inclusive in scope. While organisational culture (OC) constitutes a '*set of concepts, interrelated, comprehensive, and ambiguous set of factors, it can never include every relevant factor in diagnosing and assessing OC. Every element will seem to be relevant.*' (K. S. Cameron & Quinn, 2011).

Identifying the most important dimensions to focus on in a theoretical foundation/underlying framework could narrow and focus the search for key culture dimensions. The CVF has been found to have a high degree of congruence with well-known and accepted categorical schemes that organise the way people think, their values and assumptions and the ways they process information. It is interesting to know that independently several psychologists have promulgated similar category schemes. (C. G. Jung, 1923; R. O. Mason & Mitroff, 1973; McKenney & Keen, 1974; Mitroff & Kilmann, 1978; Myers, 1962).

The reason for the occurrence of the congruence of the framework is because of the underlying similarity in the people at the deep psychological level of their cognitive processes. As Mitroff puts it, '*the more one examines the great diversity of world cultures, the more one finds that at the symbolic level, there is an astounding amount of agreement between various archetypal images. People may disagree and fight one another by day but at night they show the most profound similarity in their dreams and myths. The agreement is too profound to be produced by chance alone. It is therefore attributed to a similarity of the psyche at the deepest layers of the unconscious. These similar-appearing symbolic images are termed archetypes.*' (Mitroff, 1983).

The performance of medical professionals is a critical issue in maintaining and improving hospital health services. According to the results of the performance evaluation for the two years 2021-2022, there is a 5% decline in health professionals at the Intan Medika Lamongan hospital. The purpose of this research is to examine the impact of organisational culture on the performance of health professionals at Intan Medika Lamongan Hospital using the OCAI. (Karimah et. al., 2023).

### 2.11.1 Competing Values Framework and its Significance

Campbell created a list of 39 indicators which they claimed as representative of all possible measures for organisational effectiveness (Campbell et al., 1974). Quinn & Rohrbaugh, (1983) analysed this list and tried to find out if patterns of clusters could be identified since the 39 indicators were overwhelming. The 39 indicators of organisational effectiveness were

submitted to statistical analysis and two major dimensions emerged, which organised them into four main clusters.

'*The first dimension differentiates the effectiveness criteria that emphasises flexibility, discretion, and dynamism from criteria that emphasises stability, order and control.*' Examples of organisations such as Google or Nike are viewed as effective if they are constantly changing, adaptable and organic. Their product mix and organisational form do not stay in place for very long. However, other organisations such as universities, government agencies and conglomerates such as Boeing are characterised by longevity and staying power in both design and outputs. Such organisations are viewed as effective if they are stable, predictable, and mechanistic. The continuum, therefore, changes from organisational versatility and flexibility on one end to organisational stability and durability on the other end.

'*The second dimension differentiates effectiveness criteria and emphasises the internal orientation, integration and unity from criteria that emphasise an external orientation, differentiation and rivalry.*' For example, IBM and HP are viewed as effective if they have harmonious internal characteristics "the IBM way" or "the HP way." Others such as Toyota and Honda are judged to be effective if they focus on interacting and competing with others outside their boundaries. These companies are known for "thinking globally and acting locally." They have units across the world that adapt to the attributes of the local government more than a centralised prescribed approach. The continuum ranges from organisational cohesion and consonance on the one end to organisational separation and independence. These two dimensions form the four quadrants each representing a set of different organisational effectiveness indicators. The relationship between these two dimensions is shown in Fig 2.3. These dimensions represent what people value in organisational performance and what is seen as right and appropriate. In other words, the four clusters of criteria define the core values on which the judgments of the organisation are made. The figure shows four quadrants namely – Clan (collaborate), Adhocracy (Centre), Hierarchy (Control) and Market (Compete).

These four core values represent opposite or competing assumptions. Flexibility versus Stability, Internal versus External. The dimensions, therefore, produce quadrants that are also contradictory/competing on the diagonal. The upper left quadrant, for example, identifies values that emphasise an internal, organic focus, whereas the lower right quadrant identifies values that emphasise an external, control focus. Similarly, the upper-right quadrant identifies values that emphasise an external, organic focus, whereas the lower-left quadrant emphasises internal, control value. The competing or opposite values in each quadrant give rise to the name for the model, the Competing Values Framework (CVF).

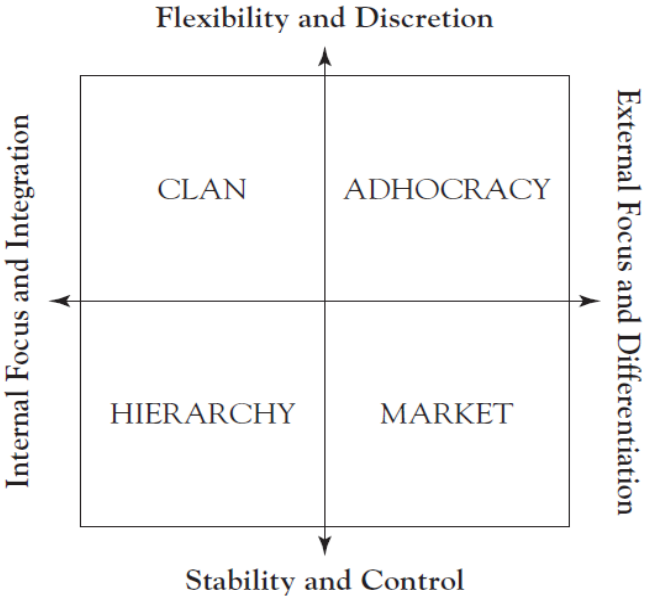



**Figure 2.3 The Competing Values Framework**
**Source:** Diagnosing and Changing Organisational Culture by Cameron and Quinn

Figure 2.3 above depicts the four models into different quadrants of organisational culture with four core values representing opposite or competing assumptions

The CVF was therefore developed from research on major indicators of effective organisations. In the diagram, the upper left quadrant is classified as the "Clan" quadrant, the upper right quadrant is classified as the "Adhocracy" quadrant, the lower left quadrant is classified as the "Hierarchy" quadrant, and the lower right is classified as the "Market" quadrant. These quadrant names have not been derived randomly but from scholarly literature over time. Different organisational values have been associated with different forms of organisations. The four quadrants that emerged from this analysis precisely match the main organisational forms that have been developed in organisational science. These quadrants also '*match major management theories about organisational success approaches to organisational quality leadership roles and management skills.*' (Quinn & Rohrbaugh, 1983a).

Since the four quadrant labels mentioned above are confusing for business executives or non-academic audiences, simpler nomenclature was derived as verbs to classify the four quadrants – these are the "Clan" Quadrant as the "Collaborative" Quadrant, the "Adhocracy" Quadrant as "Creates" Quadrant, the "Market" Quadrant as "Compete For" Quadrant and the "Hierarchy" Quadrant as the "Control" Quadrant. The four dimensions in the figure are thorough in explaining different orientations and different competing values which characterise

human behaviour. The dimensions are robust which leads to the resulting quadrants being rich in themselves thereby identifying each quadrant as a cultural type. This implies that each quadrant represents basic assumptions, orientations and values which are basic elements that comprise an organisational culture. The OCAI Organisational Cultural Assessment Instrument allows one to diagnose the dominant orientation of one's organisation based on core culture types. It also assists in diagnosing an organisation's cultural strength, cultural type, and cultural congruence.

### 2.11.2 Cultural Types of Competing Values Framework (CVF)

**Hierarchy (Control structure) –** The Hierarchical culture is based on the work of a German sociologist Max Weber who studied government organisations in Europe during the early 1900s. The challenge was to produce goods and services efficiently for an increasingly complex society. Weber in 1947 proposed seven characteristics known as classical attributes of bureaucracy, they being, Rules, Specialisation, Meritocracy, Hierarchy, Separate Ownership, Impersonality, and Accountability. These were adopted widely in organisations to generate predictable output. In fact, up to the 1960s emphasis in management and management literature was on creating hierarchical organisations or bureaucracies. The organisational culture compatible with this form (and as assessed in the OCAI) is characterised by a formalised and structured place to work. People are governed by procedures, effective leaders, good coordinators, and organisers, who maintain a smoothly running institution. Major concerns of organisational stability are predictability and efficiency and the formal rules and procedures keep the organisation together. Thus, '*hierarchical cultures are characterised by a controlling environment.*' (Weber, 1947). This culture is more formal compared to the clan structure. Rules and policies are set by the leaders to run the organisation. Stability is the main factor that determines the future operations of such an organisation. Reliable delivery and smooth planning are the main factors that lead to the success of the organisation (K. S. Cameron & Quinn, 2011).

**Market (Compete culture) –** This culture became prominent in the late 1960s and *'laid emphasis on the importance of the market.*' (Williamson & Oliver E, 1981) Market-driven focus led to the development of this culture – which moved away from the arrogant complacent mechanism of hierarchical philosophy to the aggressive competitive market-driven culture.

Importance is given to satisfying customers by driving the organisation to success by concentrating on winning in the market. Market culture as assessed in the OCAI is a result-oriented workplace – leaders are hard-driving producers competitive, tough, and demanding. The emphasis is on winning. The glue that holds the organisation together is the emphasis on winning. Cameron & Quinn, (2011) suggest that market culture is adopted by result-oriented organisations. The employees are goal-focused and their main aim is to finish the work. The leaders are tough and demanding, especially in the private health sector. Emphasis on winning keeps the organisation together. People aim to do their best to achieve their goals. Market leadership and competitive pricing determine success in such an organisation.

**Clan (Collaborative culture) –** The third upper left quadrant in the figure emphasises a family-type organisation and hence is called a Clan. Researchers who studied Japanese firms in the late 1960s and early 1970s identified certain differences between Japanese and American firms where the former adopted the clan culture and the latter, a hierarchical and market-oriented culture. The firm, with shared values and goals and participation, is permeated into this culture. Teamwork, employee involvement, and corporate commitment were the hallmarks of this culture type. It differed in the rules and regulations as adopted in the former two culture types. The emphasis in the clan culture is largely more humane in its approach where employees are taken into confidence in managing the organisation and they learn to stick together and work for the success of the whole Institution. Clan culture as assessed in the OCAI is characterised by a friendly place to work where people are happy to share. (Lincoln & Denzin, 2003; Ouchi, 1981; Pascale & Athos, 1981). Cameron & Quinn, (2011) describe clan culture as a '*favourable environment for employees.*' The heads of the organisation are viewed as role models. Loyalty and tradition are key values that drive the organisation to its success. The main characteristic of clan culture is a friendly environment in an organisation. Success is more likely to be achieved due to teamwork and openness among the employees of an organisation.

**Adhocracy (Create) -** As the world progressed from the industrial to the information age this culture in management became centre stage. In the world of the 21$^{st}$ century, the culture of the organisation became conscious of the hyperactive and ever-accelerating conditions and as a result, Adhocracy as an organisational form emerged. The assumption in this paradigm was that innovations and new initiatives were the driving forces behind success. This culture moved away from the former three cultures to creativity and novelties in the form of new products or new ways of looking at a problem and solving the issues concerned. This organisational

culture's major goal is flexibility, adaptability, and creativity. The cutting edge generated by initiating a vision of the future based on a dynamic/ad hoc mechanism, where 'change is the only constant' became the mantra. This culture has no central authority like in hierarchy and market culture form as many people get involved in accomplishing the task which is based on research and development which involves risk-taking and future anticipations. However, in a large organisation, this culture could be just a subunit of the organisation where the dominant culture e.g., the hierarchy could be the culture of the whole organisation per se (Quinn & Rohrbaugh, 1983a). (K. S. Cameron & Quinn, 2011) described this culture as an '*entrepreneurial and dynamic working environment.*' The leaders are seen as innovative and risk-takers. Commitment to experimentation by workers is what keeps the organisation together. Success in such an organisation is achieved when new equipment is introduced, new operational techniques and improvement of the sector happen, in general.

### 2.11.3 Applicability of the Competing Value Model

Denison & Mishra (1995) quantitative research confirmed the relationship between organisational effectiveness and the four culture types in the CVF. Howard, (1998) studied ten U.S. organisations to test the validity of the CVF. He found that the analysis produced qualified support for a structure of organisational culture values consistent with the CVF. Lamond, (2003) concluded that the CVF is a useful measure in an Australian context.

Through years of research investigations and intervention in organisations, it was evident that a CVF apart from addressing the culture of the organisation helps in other aspects. Addressing the effectiveness standards for leadership roles and management theories can demonstrate the generalizability of the competing value framework (K. S. Cameron & Quinn, 2011). Sousa-Poza et al. (2001) found several distinct relationships between the dimensions of the CVF and the implementation of TQM. Lund (2003) examined the impact of organisational culture types on job satisfaction. His study results indicated that job satisfaction was positively related to clan and adhocracy cultures, and negatively related to market and hierarchy cultures. Kwan & Walker (2004) carried out an empirical study in Hong Kong and confirmed the validity of the CVF as a tool in differentiating organisations based on the four culture types. Amran & Setyanegara (2021) in their study found that the '*Regression method shows that organisational culture has a considerable influence on employee performance*' and '*can be used to predict employee performance variables.*'

In the study of the Psychometric Properties of the Italian Version of the Organisational Culture Assessment Instrument (OCAI), authors Di Stefano & Scrima (2016) find that the '*OCAI Italian version yields good validity and reliability estimates to measure the CVF model.*' The results of the preliminary validation studies of the OCAI questionnaire in Polish conditions by Wudarzewski (2018) have '*largely confirmed the theoretical premises of the Competing Values Framework showing adequate psychometric qualities of the instrument that was analysed in terms of its validity, reliability, and discriminatory power. The score distribution tests for different OCAI scales of organisational cultures found that they did not differ significantly from the qualities of the normal distribution.*' The study findings of Van Huy et al. (2020) suggest that the OCAI is of '*fairly good reliability and construct validity in measuring four types of organisational culture in healthcare settings in resource-constrained countries such as Vietnam.*'

Based on the review of literature, the researcher concludes that the CVF and its matched scale OCAI are very suitable for quantitative research in the Indian healthcare sector context, specifically in the study of intention to leave and thereby the retention of the teaching medical faculty in India.

### 2.11.3.1 OCAI - Organisational Leadership and Effectiveness

Most organisations develop a dominant culture, and through research, it was found that more than 80 percent of several thousand organisations that were studied were characterised by one or more culture types as shown in the framework given. For example, in organisations with a dominant hierarchical culture, effective managers tend to move up quickly and demonstrate matching leadership capability among subordinates, peers and superiors in organising, controlling, monitoring administration, coordinating and maintaining efficiency. In the same manner, managers in organisations with a market culture are good at directing, producing results, negotiating, and motivating others while showing their efficiency by being hard-driving, whip-cracking, and commanding competitors. In like manner. leaders and managers in organisations dominated by clan culture are parent figures, team leaders, facilitators, mentors, nurturers, and supporters. In the adhocracy culture, managers and leaders tend to be entrepreneurial, creative innovators, risk-oriented and focused on the future. Research further confirmed a congruence hypothesis between culture and competencies. When an individual's strengths are congruent with the dominant organisational culture, they tend to be more successful. Congruence predicts success.

Dominant competencies are opposite to each other in the diagonal quadrants (Fig 2.4). Therefore, hierarchy leaders are rule enforcers, whereas adhocracy leaders are rule breakers. Clan leaders are warm and supportive whereas market leaders are tough and demanding (Quinn & Rohrbaugh, 1983a). This leads us to confirm another hypothesis called the paradox hypothesis. This means that the highest-performing leaders have developed capabilities and skills that permit them to succeed in each of the four quadrants (D. R. Denison & Mishra, 1995). Such superior performers tend to feel contradictory and are behaviourally complex leaders. They can be simultaneously hard and soft, entrepreneurial and controlled (Lawrence et al., 2009). Through this research, it is evident that there is a presence of paradox so that managerial effectiveness is inherently tied to paradoxical attributes just as organisational effectiveness is (K. S. Cameron, 1984, 1986, 1988).

The study of leadership is essential because as Dolence (1992) writes, '*Leadership is fundamental to the transformation of Organisation Culture.*' Leadership style can '*affect the culture of an organisation by shaping employee's beliefs about how they will be treated.*' (Rotemberg & Saloner, 1993). Clark et al. (1991) consider Organisational Culture as a '*factor affecting the efficacy of an organisation*,' and Schein, (1985) posits that '*culture can be influenced and restructured by the firmly established corporate culture leader.*' Schein (1992) identified six mechanisms by which leaders influence organisational culture. According to E. Schein, (1996), leadership is '*associated with culture creation, evolution, change and even destruction.*' Cowden et al. (2011) conducted a review of 23 studies on management practices and the retention of nurses. They found that transformative leadership improved the retention of nurses. Abualrub et al. (2012) in their study found that Jordanian nurses preferred to remain when democratic styles of leadership were exercised. The importance of organisational culture (OC) lies in the fact that leaders need to understand the fundamental aspects of OC and their impact on factors such as the intention to remain at work (Hahtela et al., 2015; West et al., 2015).

In a hierarchical culture, the criteria of effectiveness most highly valued are efficiency, timeliness, smooth functioning, and predictability. The dominant operational theory that directs organisational success is that control fosters efficiency and therefore effectiveness, by eliminating waste and redundancy. Many hierarchical organisations like the Government Accountability Office, and the Comptroller and Auditor General of India (CAGI) are evaluated to be effective only if these dominant characteristics are achieved. Such organisations want error-free efficiency. In a Market Culture organisation, the criteria of effectiveness which are

largely highly valued are achieving goals, increasing market share, outpacing the competition, and acquiring higher financial returns.

The dominant operational theory that drives organisations is that through competition higher levels of productivity, and thereby higher levels of effectiveness can be obtained. Examples of such organisations are visible in the social media space where anything short of increasing market share, improving visibility, and increasing revenues is considered a failure (e.g., Facebook, Twitter, Google). The criteria of effectiveness in a Clan culture organisation value cohesiveness, satisfaction, teamwork, human resource development, and high levels of employee morale. The operational theory that dominates this culture type is that employees are empowered and thereby committed if they are involved, and are permitted to participate. Committed and satisfied employees produce effectiveness. In an Adhocracy culture organisation, the dominant effectiveness criteria lie in new products, creative solutions to problems, cutting-edge ideas, and growth in new markets.

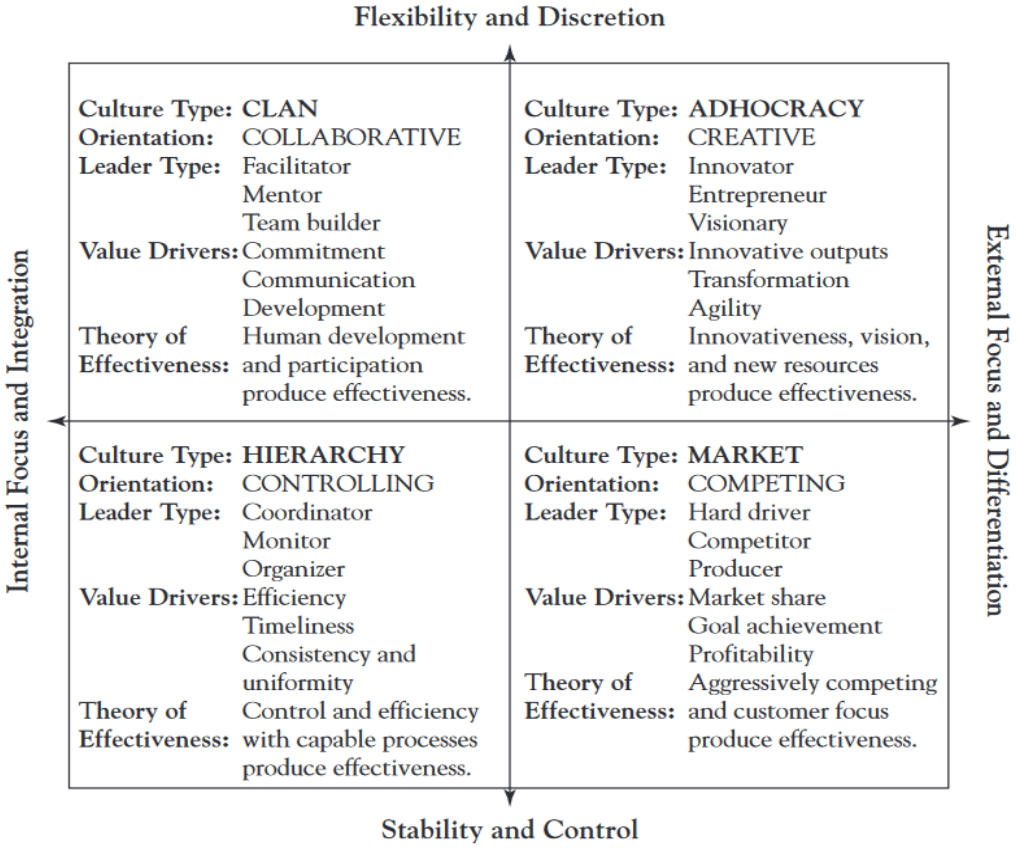



**Figure 2.4 The Competing Values of Leadership, Effectiveness and Organisational Theory**

**Source:** Diagnosing and Changing Organisational Culture by Cameron and Quinn

In the competing values framework, leadership effectiveness and organisational theory are viewed through four sets of competing values – Clan (collaborate), Adhocracy(create), Hierarchy (control), Market (compete) (Refer Figure 2.4 above)

The underlying operational theory is that new markets, new customers and new opportunities are created through innovations and new ideas. An ideal example of this would be the IBM - Apple war in the late 1980s which by late 1990, with a change in leadership IBM took over and created an innovative, highly competitive and agile company. Apple was struggling till Steve Jobs emerged as an innovative champion. With the introduction of the iBook, iPad, iPod, iTunes, etc. Apple surged ahead as the innovative competitor enduring the competitive war (K. S. Cameron & Quinn, 2011).

According to Suderman (2012), cultural effectiveness is a '*by-product of matching culture with a company's vision, values, and strategy.*' The culture of an organisation should '*create behavioural expectancies that direct the employees to behave in ways that are consistent with its culture. This relationship between culture and behaviour is the theoretical basis for the assertion that culture influences effectiveness.*' (Gregory et al., 2009).

Research suggests that culture as conceptualised by the CVF influences an organisation's effectiveness (D. Denison, 1984; Freeman & Cameron, 1991; Spreitzer & Quinn, 1991). (Quinn & Rohrbaugh, 1981 and1983b) and (K. S. Cameron & Quinn, 2011) recommend CVF as the framework that provides the linkage of cultural characteristics of an organisation with its effectiveness and success. It was found that OCAI is '*not only to be an accurate assessment of organisational culture but significant relationships have been found between culture as assessed by the OCAI and a variety of indicators of organisational effectiveness.*'

Hartnell et al. (2011) in their meta-analysis of the properties of the OCAI, in terms of organisational effectiveness indicators, found positive correlations between job satisfaction and Clan, Adhocracy, and Market culture.

The dimensions of organisational effectiveness are '*reflective of the fact That some organisations are effective while they are flexible and the others are effective while they are controlled, some are effective with internal orientation and others are effective with external orientation, and some are effective while focusing on means at the same time others are effective while focusing the ends.*' (Simamora & Jerry, 2013).

### 2.11.3.2 Total Quality Management (TQM)

Extensive literature exists on Total Quality Management, from quality tools and techniques such as Statistical Process Control (SPC), Quality Function Deployment (QFD), and Pareto Charting, to philosophical discussions about the nature of management (Deming's 14 points). In many instances, a large percentage of Total Quality initiatives fail if the quality does not improve, and the initiatives taken are abandoned (Beyer & Cameron, 1997). The major reasons for this failure are partial deployment and failure to integrate TQM and culture change. In Fig 2.5, the Competing Value Framework is used to highlight a more inclusive set of TQM factors. When these are integrated with a TQM project, the success rate increases. For example, to obtain the highest level of efficiency in an organisation, it is necessary to apply a variety of hierarchy culture activities like improving measurement, process control and solving systemic problems. It involves using commonly applied quality tools such as Pareto charting, Fishbone Diagramming, Affinity Charts and Variance Plots. However, it must be borne in mind that to achieve world-class quality, the application of market culture activities such as measuring customer preferences before and after the product and services are delivered, improving productivity, creating partnerships with the suppliers and the customers and honing competitiveness by including customers in planning and designing. This means that it must include the Clan culture activities such as empowerment, team building, employee involvement, and open communities. Further, TQM must also include an Adhocracy culture that meets customer needs by engaging in continuous improvement and creativity in solving problems that produce new customer preferences. In most TQMs which fail, it is observed that elements in each of the 4 quadrants are not implemented. A partial approach leads to failure. The CVF helps in underlining a more comprehensive and complete approach by highlighting the key elements in the four culture types which pronounce organisational performance (K. S. Cameron & Quinn, 2011).

Researchers have studied quality management as a cultural phenomenon rather than a set of tools and techniques (K. Cameron & Sine, 1999; Freeman & Cameron, 1991; Powell, 1995; K. S. Cameron & Quinn, 2011). They reported that successful TQM implementation depends on the organisation’s quality culture. Georgiev & Ohtaki (2020) found that the success of TQM implementation is predominantly dependent on Organisational Culture.

'*The core concept of TQM, that is the customer focus linked with a continuous improvement plan that is supported by innovation, can build a strong culture, which can positively improve the organisation's competitiveness and performance.*' (Irani et al., 2004).

'*Successful interaction between the "organisational culture" and "quality management" is a key factor in the achievement of the organisation's performance excellence.*' (Lapiņa et al., 2015).

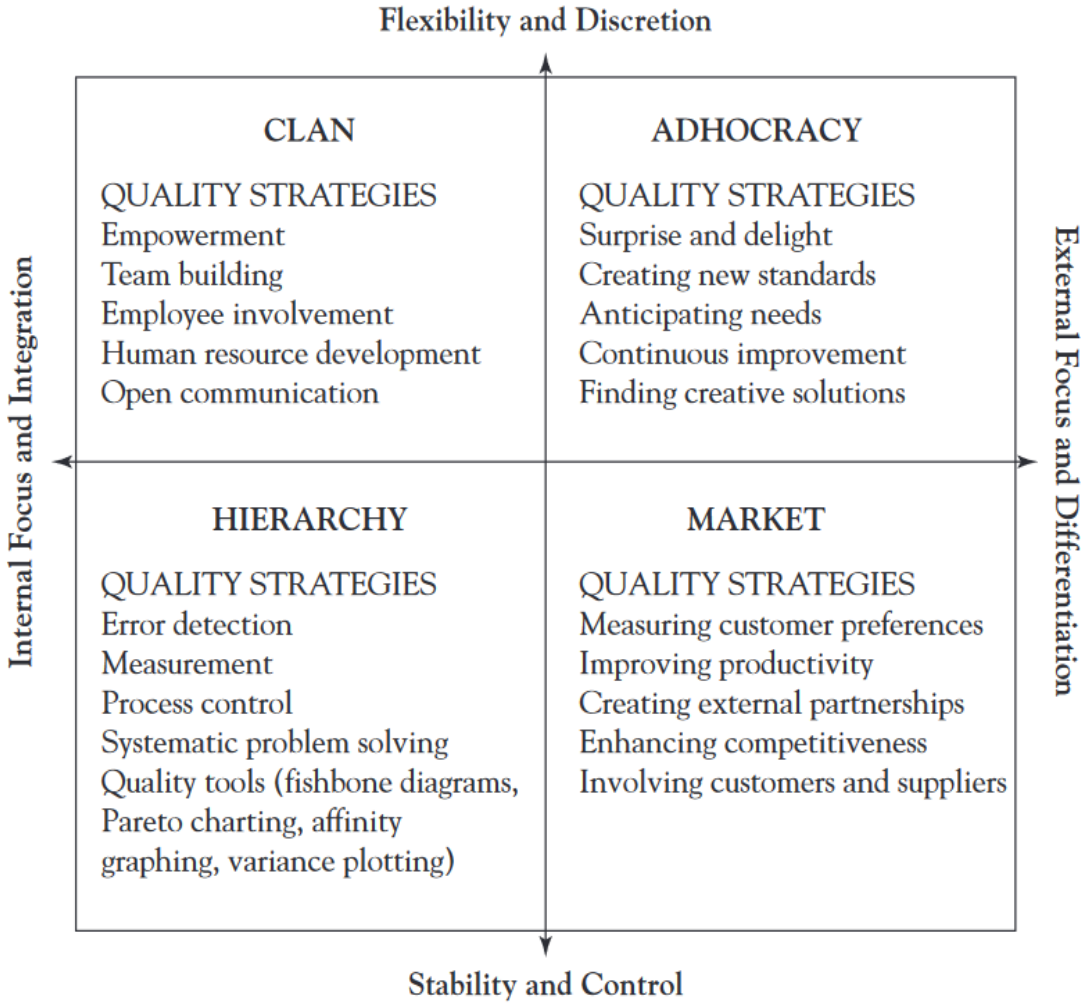



**Figure 2.5 The Competing Values of Total Quality Management**

**Source:** Diagnosing and Changing Organisational Culture by Cameron and Quinn

Figure 2.5 above describes the quality strategy to be adopted for the four models of organisational culture

Krajcsak (2018) finds Clan and Adhocratic cultures to positively affect TQM. As against this, Patyal et al. (2020) who evaluated the relationship between the TQM and OC in the Indian construction industry found the Hierarchical culture as the dominant culture of CVF.

Some research found that Hierarchical and Market cultures failed to explain successful TQM implementation. (See for instance Kargas & Varoutas, 2015). In conclusion, it can be said that the various studies show that 'for successful TQM implementation organisations need to utilise OC dynamically' (Haffar et al., 2019).

### 2.11.3.3. Roles of Human Resource Management

Research work done by David Ulrich highlights how CVF was used in identifying changing roles of human resource management, this is summarised in the diagram given in Fig 2.6 Their study shows how varying roles, skills and activities are needed to manage HR work in any organisation. What this study showed was that for HR to be managed effectively some features of all four cultures must be represented in any organisation.

More important, however, is that the dominant or desired culture of the firm must be bolstered by the roles, means, ends and competencies that the HR manager emphasises. Different HR roles help in strengthening the different organisational cultures. For example, building or strengthening a market culture needs the HR manager to be a strategic business partner, in such a way that the alignment of business strategy and facilitation of financial impacts of all HR activities is maintained. Similarly, the building or strengthening of the clan culture entails the employee champion in responding to the needs of the employee, fostering their commitment, and developing human capabilities in the workforce. Building the hierarchical culture necessitates the administrative professional to focus on sharpening processes and building up an efficient infrastructure. A building or strengthening adhocracy culture will include a change in the agent who facilitates transformation and renewal. This implies that the CVF shows how HR management functions more strategically, is more inclusive and is more rational (Ulrich & Brockbank, 2005).

According to Jerome (2013), the relationship between HRM and organisational culture is significant. Research by Smerek (2017) shows a '*strong relationship between the type of corporate culture and the level of Human Resources Development.*' '*The highest scores were recorded in companies with Clan culture followed by Adhocracy culture.*' The authors were '*unable to demonstrate a statistically significant difference between the level of human resource development in companies with Market and Hierarchical corporate culture.*'

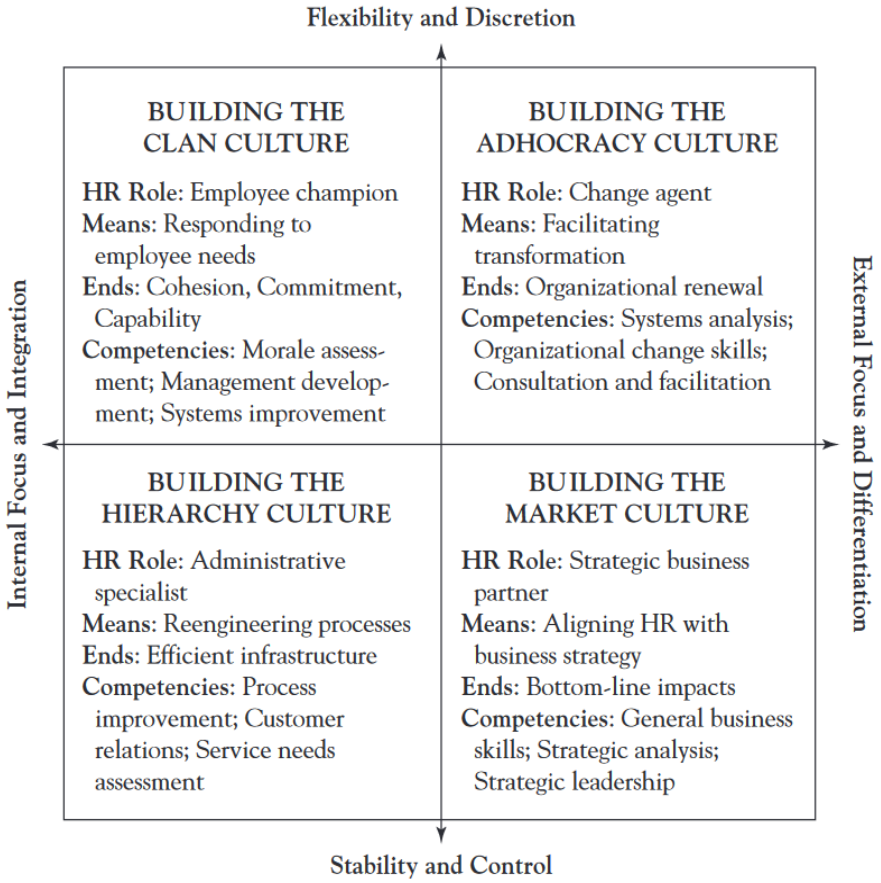



**Figure 2.6 The Competing Values in Human Resource Management**

**Source:** Diagnosing and Changing Organisational Culture by Cameron and Quinn

Figure 2.6 depicts that in the competing values framework, leadership effectiveness in human resource management involves recognising the culture and orientation of the organisation and aligning HR practices accordingly. The balanced approach mainly involves elements from multiple cultures depending on the organisational goals and values and the external environment.

Syamsuddin & Hasanuddin (2020) studied the influence of human resource management strategy on organisational culture and found that the '*influence of the strategic role of human resource management on organisational culture is statistically insignificant.*' Ramadistaa & Kismono (2020) found the '*degree of match between the types of organisational cultures and HRM practices positively influenced organisational performance.*' More specifically, their study demonstrates that '*to achieve optimal performance, the HRM practices system proposed by the organisation must fit with the organisational culture types.*'

### 2.11.3.4 Corporate Missions and Visions

CVF is applied to missions and visions by categorising the same or by listing guiding principles into the four quadrants. The strengths and weaknesses of the mission and vision statements can be identified by mapping the elements in them for the four quadrants. This is shown by the examples cited from four companies – Whirlpool's vision statement has no emphasis in the Adhocracy quadrant, Hierarchical or Market quadrants. The reason is that Whirlpool specialises in large equipment and hence dramatic changes do not occur in such markets. However, due to the lack of emphasis in these quadrants, the company tends to lag in the areas of innovations and market competitiveness. Comparing Ford company with Toyota, it is evident why Ford lost out in terms of market share and profitability to Toyota since the company did not major in Adhocracy values. Less importance was given to innovations and changes. The global automobile market is extremely dynamic and hence Ford lost its competitive edge. In the case of Apple, one sees that the ability to innovate and do things differently won them a place in the competitive market for consumer electronics, telephones and computers. The quadrant in the diagram in Fig 2.7 clearly shows how Apple leads the race (K. S. Cameron & Quinn, 2011).

Kotter & Heskett (1992) define a pattern of how corporate cultures emerge. The last step in their model is '*culture emerges that reflects the vision and strategy and the experience people had in implementing them.*' The study of organisational culture using the CVF tool (OCAI) will '*support organisations to improve their performance by moving towards a more appropriate cultural typology that is arguably better suited to their operations and to improving their organisational processes to more closely align with their organisational vision, mission and objectives*' (Dharmayanti et al., 2012). '*Strategic vision and mission require a culture type that encourages flexibility and innovation'* (Mulugeta, 2015). Culture includes the organisation's *vision, values, norms, systems, symbols, language, assumptions, beliefs, and habits* (Lo, 2016). According to Amran & Setyanegara (2021) in their study of an organisation, they found that '*Hierarchy organisational culture related to the vision and mission of the company's because the nature of the organisational culture that is strict in regulations and high formalities can maintain the good image of the company in the eyes of the community which is a part of company's vision. Strict regulations also guarantee the employees to continue producing durable, comfortable, safe, and highly aesthetic mattresses in accordance with the company's mission. Meanwhile, the market organisational culture is more concerned with customer demand than regulation in the company itself. This*

*organisational culture is quite achieving the vision of the company, but the company must expand the market so that the company's name can be better known.*'

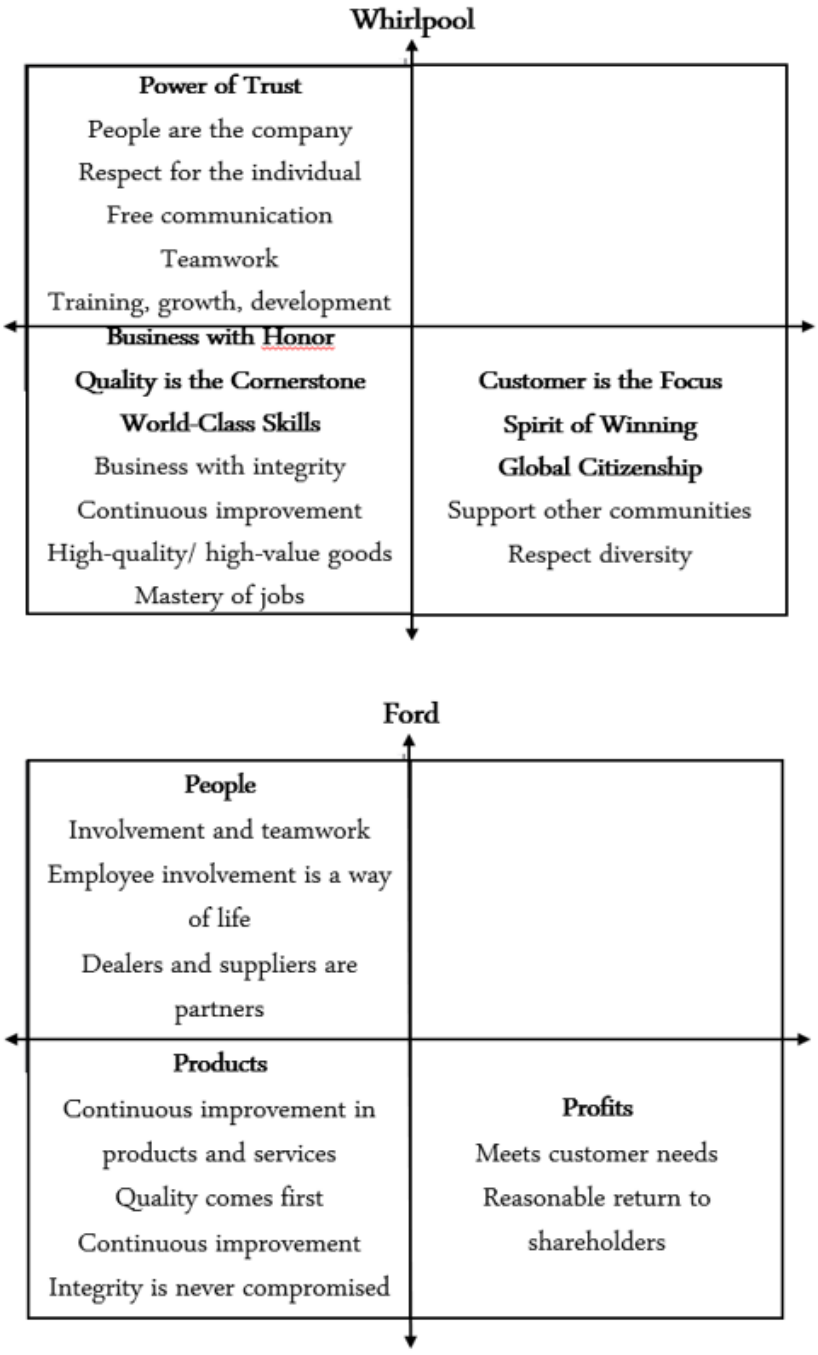



**Figure 2.7 Vision, Mission or Guiding Principles Statements**

**Source:** Diagnosing and Changing Organisational Culture by Cameron and Quinn

As depicted in figure 2.7 above, the Competing Values Framework is divided into four quadrants such as vision, mission or guiding principle statements. These four quadrants applied for four companies such as Whirlpool, Ford, Toyota and Apple in the figure 2.8 below.

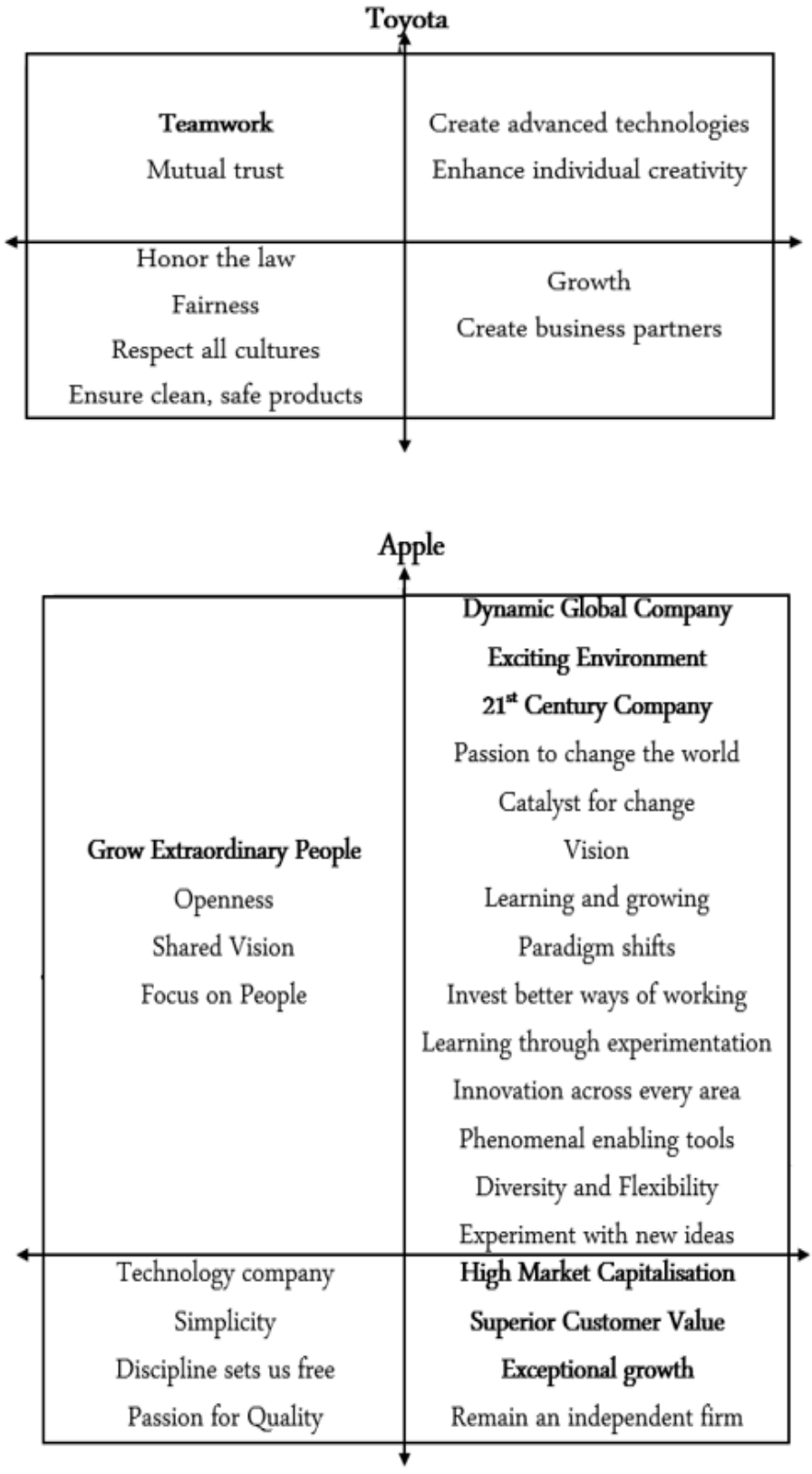



**Figure 2.8 Vision, Mission or Guiding Principles Statements of Select Organisations**

**Source:** Diagnosing and Changing Organisational Culture by Cameron and Quinn

## 2.11.4 Cultural Change Over Time

Research on CVF also shows that new or small organisations go through a life cycle pattern that is predictable. As they start small and grow to be larger, their organisational life cycle is first dominated by the Adhocracy quadrant characterised by entrepreneurship. They do not have any major policies or structures and are often led by a powerful visionary head. As the organisation grows, it starts adopting the Clan culture imbibing family comradeship with a strong sense of belonging. As the organisation continues to grow there is potential for a crisis to emerge and hence this leads to redefining policies and structures and it takes on a Hierarchical culture. It is here that the organisation loses the friendly personal touch and personal satisfaction falls. This culture is then easily complemented by the Market culture. Thus, the focus then shifts from formal control inside the organisation to competition outside the organisation.

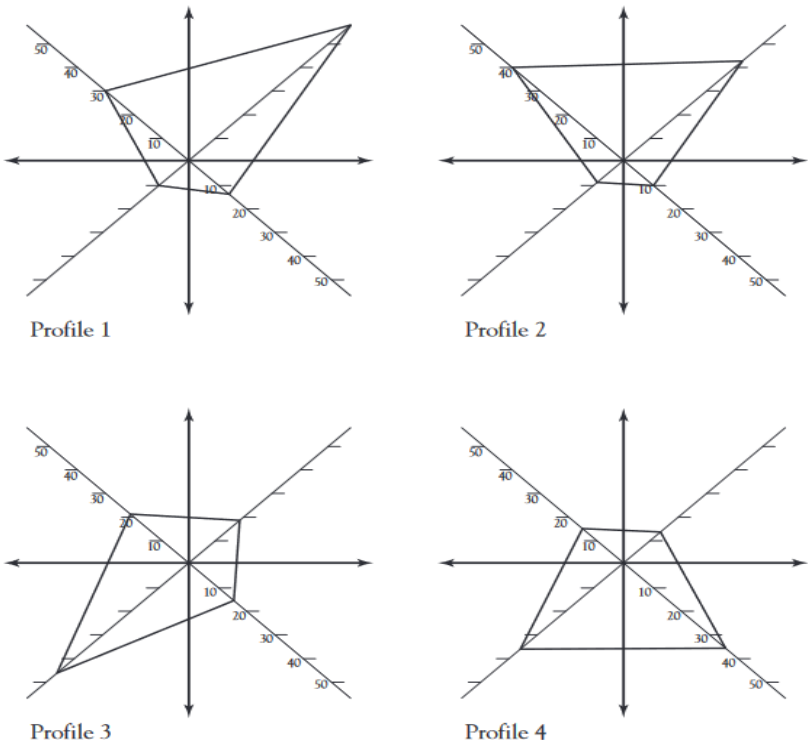



**Figure 2.9 The Life Cycle of Apple Computer Company**

**Source:** Diagnosing and Changing Organisational Culture by Cameron and Quinn

Figure 2.9 above shows the four different profiles of the life cycle shift in the culture of the Apple company.

Some examples of life cycle shift in culture are depicted in Fig 2.9 above. The above-described life cycle is visible in Apple from the time it was started by Steve Jobs and Steven Wozniak in his parent's garage to a full-fledged organisation competing at a global level (K. S. Cameron & Quinn, 2011).

### 2.11.4.1 Cultural Change in a Mature Organisation

Cultural change occurs in large mature organisations too but in such cases, it is less predictable. This happens when there are competitive and environmental pressures. Such culture change has fewer standards. In an organisation in the banking sector, one finds a Clan and Hierarchy-type culture dominated by an old-boy network.

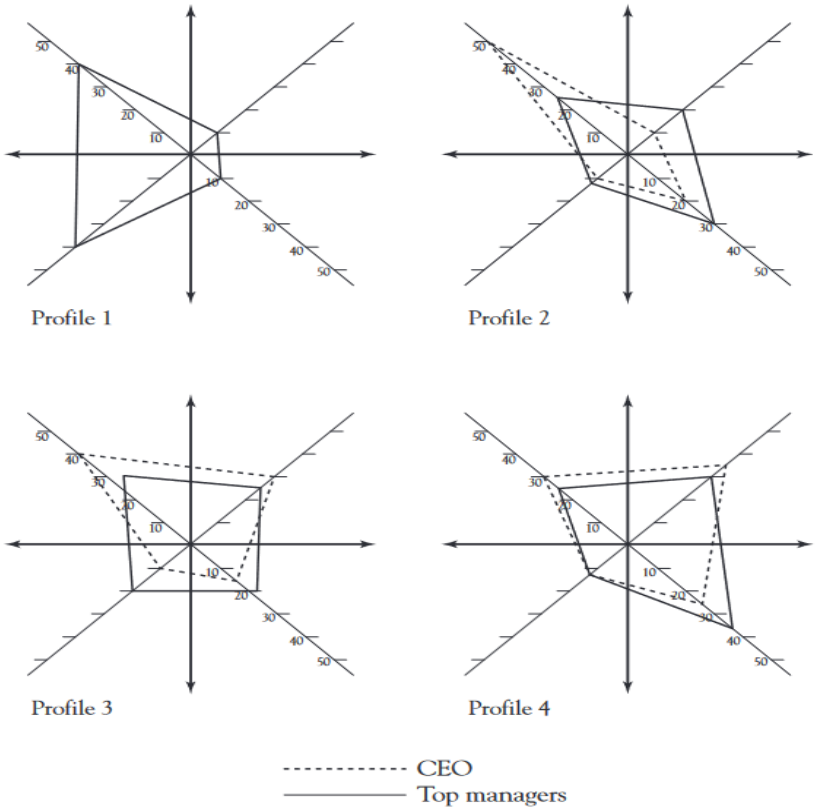



**Figure 2.10 Culture Change in a Mature Organisation**

**Source:** Diagnosing and Changing Organisational Culture by Cameron and Quinn

For example, Meridian Bancorp primarily started traditionally as a rural bank based on Clan culture, grew with acquisitions and mergers and became more competitive due to which

the culture changed drastically. It started to take on an Adhocracy culture as reflected in the presidents' reports. With changes in top management, there was yet another shift in the culture of the organisation when the organisation continued to have a Clan culture as well as a Hierarchical one. However, figure 2.10 above shows the organisation moved on to represent a congruent set of values which included Market and Adhocracy cultures (K. S. Cameron & Quinn, 2011).

There are other success stories like Wal-Mart taking on Sears and K-Mart successfully, and Southwest Airlines thriving when several of its competitors like Eastern, Pan-Am, Texas Air, and People Express failed. Cameron and Quinn (1999) can be traced to the key ingredient in their success, - their organisational culture.

## 2.11.5 Six Components of Organisational Culture

The Organisational Culture Assessment Instrument (OCAI), developed by Kim Cameron and Robert Quinn is a validated research method to assess organisational culture. It is important to understand, evaluate and recognise one's own culture as it has been earlier explained i.e., in terms of whether one's organisation is largely Clan type (Collaborate), Adhocracy type (Create), Hierarchy Type (Control) and Market Type (Compete). One can evaluate how one's organisation is "same as and different from" other similar organisations. In other words, how the different elements in the organisation align with one another and how change can be targeted (Cameron & Quinn, 2011).

OCAI helps us to assess the organisation from six key dimensions of the organisational culture.

### 2.11.5.1 Dominant Characteristics

A. The organisation is a very personal place. It is like an extended family. People seem to share a lot of themselves.
B. The organisation is a very dynamic and entrepreneurial place. People are willing to stick their necks out and take risks.
C. The organisation is very results–oriented. A major concern is getting the job done. People are very competitive and achievement-oriented.
D. The organisation is a very controlled and structured place. Formal procedures generally govern what people do.

### 2.11.5.2 Leadership

A. The leadership in the organisation is generally considered to exemplify mentoring, facilitating, or nurturing.
B. The leadership in the organisation is generally considered to exemplify entrepreneurship, innovation, or risk-taking.
C. The leadership in the organisation is generally considered to exemplify a no-nonsense, aggressive, results-oriented focus.
D. The leadership in the organisation is generally considered to exemplify coordinating, organising, or smooth–running efficiency.

### 2.11.5.3 Management of Employees

A. The management style in the organisation is characterised by teamwork, consensus, and participation.
B. The management style in the organisation is characterised by individual risk-taking, innovation, freedom, and uniqueness.
C. The management style in the organisation is characterised by hard-driving competitiveness, high demands, and achievement.
D. The management style in the organisation is characterised by the security of employment, conformity, predictability, and stability in relationships.

### 2.11.5.4 Binding Glue

A. The glue that holds the organisation together is loyalty and mutual trust. Commitment to this organisation runs high.
B. The glue that holds the organisation together is the commitment to innovation and development. There is an emphasis on being on the cutting edge.
C. The glue that holds the organisation together is an emphasis on achievement and goal accomplishment.
D. The glue that holds the organisation together is formal rules and policies. Maintaining a smooth–running organisation is important.

#### 2.11.5.5 Strategic Emphases

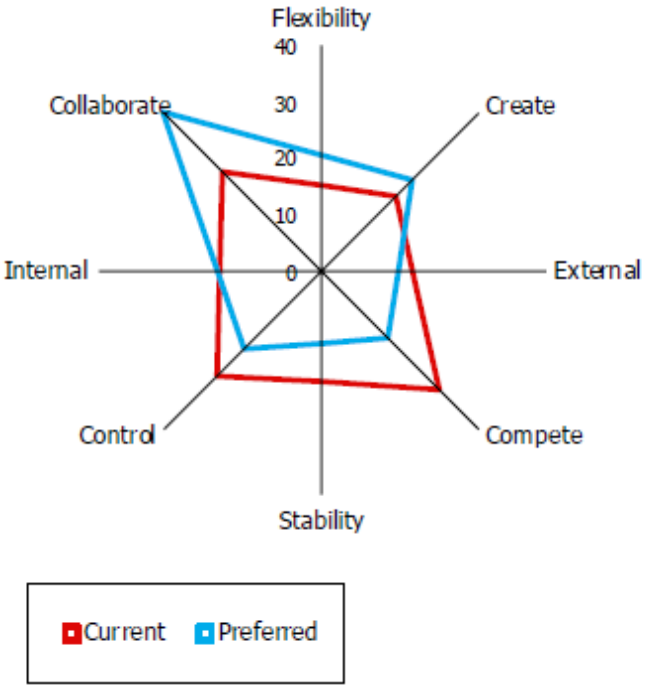
A. The organisation emphasises human development. High trust, openness, and participation persist.
B. The organisation emphasises acquiring new resources and creating new challenges. Trying new things and prospecting for opportunities are valued.
C. The organisation emphasises competitive actions and achievement. Hitting stretch targets and winning in the marketplace are dominant.
D. The organisation emphasises permanence and stability. Efficiency, control and smooth operations are important.

#### 2.11.5.6 Criteria For Success

A. The organisation defines success based on the development of human resources, teamwork, employee commitment, and concern for people.
B. The organisation defines success based on having the most unique or newest products. It is a product leader and innovator.
C. The organisation defines success based on winning in the marketplace and outpacing the competition. Competitive market leadership is key.
D. The organisation defines success based on efficiency. Dependable delivery, smooth scheduling and low–cost production are critical (Tyler, 2018).

For all the above six key dimensions of the organisation culture, each dimension has four statements namely A, B, C, and D as described above, against which the evaluation of the organisation is performed under the “now category and preferred category” with each score under the 4 traits adding up to 100 under the now and preferred category as mentioned in Fig 2.11.

Figure 2.11 below shows that organisational culture is classified into two components - Current and Preferred under four traits adding up to 100 in both categories -




| | current | preferred |
|---|---|---|
| Clan | 25.06 | 40.12 |
| Adhocracy | 18.83 | 23.06 |
| Market | 29.61 | 17.10 |
| Hierarchy | 26.51 | 19.71 |

**Figure 2.11 Components of Organisational Culture**

**Source:** Diagnosing and Changing Organisational Culture by Cameron and Quinn

## 2.12 Organisational Culture, Human Resource Practices and Retention

'*Turnover intent is the probability that an employee will leave an organisation*' (Mobley et al., 1978). Schyns et al. (2007) define "Turnover intention" as an '*employee's intention to voluntarily change jobs or companies.*' According to Ngamkroeckjoti et al., (2012), the Turnover intention of employees refers to the '*likelihood of an employee to leave the current job he/she are doing.*' Turnover intent is the '*choice concerning an individual leaving a current employer*' (Wong & Laschinger, 2015). Turnover intention is also defined as the '*individual behavioural intention to leave the organisation*' (Azanza et al., 2015). Lazzari et al. (2022) explain Turnover intention, as an '*employee's reported willingness to leave the organisation within a defined period of time.*' It is the turnover intention that drives an employee to remain with the employer or leave.

Employee Retention, therefore, becomes a function of the "Intention to Leave." Generally, turnover intent is measured in specific time intervals. However, literature shows that the intention to leave does not necessarily convert into an employee leaving an organisation. Factors such as family commitment, reluctance to relocate, salary etc., influence the actual act of an employee leaving an organisation.

Encouraging employees to remain in the organisation for a long period can be termed employee retention. The term "retention" can be defined as a systematic effort to create and improve an environment that continues to encourage employees to work while implementing policies and practices that suit their diverse needs (Ghani et al., 2022). Palich et al. (1995) described in a study that the process of encouraging employees to stay for a long period or till the project completion is termed retention.

For an organisation to have a competitive advantage, and be intellectually and "economically competitive" it must take all efforts to retain its core employees who are its repository of knowledge and skills that are central and significant for the organisation to be ahead of other similar organisations (Kyndt et al., 2009). There were times when people regarded salary as the most important part of the job, but priorities have changed over time. If healthcare organisations want to attract and retain doctors, they have to also focus on medical doctors leading balanced lives, having opportunities for personal and professional growth, chances to socialise at work, able to make a meaningful contribution to society through their work and enjoy the partnership with colleagues (Izzo & Withers, 2002). Healthcare organisations need to focus on retaining staff to prevent recruitment crises. The National Health Service in London has identified reasons that make the staff continue to stay in the organisation, which are flexible working policies, equal impartial opportunities, a good healthy workplace, benefits for staff and childcare, good communication with staff, training and development and conducting a staff attitude survey (Murray, K., 2002).

The hiring of qualified candidates is essential for any organisation. However, their retention is more important than hiring. Significant amounts are spent on the induction, orientation, and training of new employees. In the healthcare sector, when a physician leaves the job, the organisation loses the doctor, as well as his client base. Healthcare organisations make enormous efforts to attract skilled doctors and sustain and retain them in the organisation. It is believed that higher salaries and designation help to retain doctors in a healthcare organisation. There are, however, several other factors that play an important role in their retention and a predominant one among them is organisational culture. "Organisational culture significantly influences employee performance and productivity in the dynamic emerging context" (Uddin et al., 2012). The effectiveness of retention policies can be appraised by conducting a formal study or by observing or studying surrogate factors such as the rate of absenteeism, volunteering, referrals made by the employees, and the organisation's ability to forecast staff turnover (Gering & Conner, 2002).

Workplace factors such as career opportunities, leadership style, rewards, training and development of skills, the balance between professional and personal life and physical working conditions have an indirect effect and greatly contribute to loyalty and retention (Hytter, 2007). Competitive advantage amongst organisations can be achieved by ensuring that one manages retention of promising potential employees, which thereby becomes an important factor in achieving this advantage (Walker, 2001). Employee retention is influenced positively when an organisation focuses on support mechanisms for families, along with organisational support for the individual (Gaan, 2008).

Key organisation values drive many of its functions/activities. This contributes to the value chain. These key factors are employee selection, retention, training and development, and compensation systems. Culture and core values present within an organisation directly influence employee retention. How employees react to work challenges, and their level of commitment depends to a large extent on the various strategies and policies followed by management. The type of employee who successfully continues in the organisation will depend on the culture present in the organisation (Kerr & Slocum, 2005; Kopelman et al., 1990). Work-life balance is an important aspect that will influence performance at work This work-family culture has three dimensions - (a) the support organisation gives for work-family balance; (b) to what extent individual career and personal development opportunities are impacted when work-family benefits are accepted; (c) the way the organisational expectation from the employee interacts with their "ability to maintain personal commitments". Organisations with a culture that supports a work-family balance will use family-friendly benefits on offer, without having the fear that taking advantage of these schemes will negatively affect their career. The number of doctors who stay in an organisation vis-a-vis those doctors who leave must determine the quality of care in such healthcare organisations. Therefore, the focus must be placed on retaining doctors rather than recruiting new ones (Thompson et al., 1999).

Studies have shown that there is a link between informal organisational support for family requirements of the employees and staff turnover level (Thompson & Prottas, 2006). Studying Japanese firms has shown that when organisations implement a policy that supports work-life balance there is a direct relationship to the levels of female employee turnover (Yanadori & Kato, 2009). With the success of a mentoring programme, a culture change emerged which resulted in newly graduated nurses having a positive experience and which directly affected retention positively. *"Many new nurses tell us they chose to work at our hospital in part because of the opportunity to have a mentor for their first year".* This was possible because of the commitment of senior management towards sustaining this Human

Resource practice to create a *"hospital-wide mentoring culture as a means of retaining staff and improving the work environment"* (Burr et al., 2011). Although working conditions vary widely around the world, health professionals/doctors share common features. One needs to keep this in mind while working with organisational human resource practices in retaining this highly skilled group of professionals. These professionals are *"highly educated and eager to continue their professional development throughout their working lives. Providing the opportunities for them to do so is crucial for retaining them"* (Straume & Shaw, 2010).

When medical teaching professionals working in a university setting in both medical colleges and its attached hospitals leave the institution, there is a major impact on such medical teaching institutes with serious implications for "teaching and research excellence". Losing senior academicians have the potential to negatively affect institutional rating among medical colleges in the country and the world. Medical universities need to strategically manage the recruitment and retention of academic staff and the "retention push and pull factors". "Tenure", '*interpersonal relationship, research collaboration and spirit of collegiality are quite important for a successful academic career.*' It is important for university governing councils and management to initiate appropriate human resource policies and programmes and sustain a culture of learning and academia (M. O. Samuel & Chipunza, 2013).

A review of related literature shows that Organisational culture that provides challenging jobs '*diminishes employees' absenteeism and withdrawal intentions from the occupation, job, and the organisation*' (Carmeli, 2005). Haggalla & Jayatilake (2017) identified the relationship between Market culture and Hierarchy culture and Turnover intention, was positive whereas the relationship between Clan culture and Adhocracy culture turnover intention was negative. Organisational culture has been shown to play a key role in higher retention rates among personnel (Egan et al., 2004; E. MacIntosh & Doherty, 2005; Sheridan, 1992). In the study of fitness staff E. W. MacIntosh & Doherty (2010) find that elements of organisational culture influenced the intention to leave. In the study that investigates the influence of organisational culture on employee retention among private universities in Ghana authors Brenyah & Tetteh (2016) found that '*Organisational culture contributes to the extent of variations in employee retention among private universities in Ghana,*' and the '*issue of corporate culture plays a significant role in enhancing or hindering staff retention among private universities in Ghana.*'

### 2.12.1 Six Components of Organisational Culture and Human Resource Practices

#### 2.12.1.1 Compensation and Work Recognition

Retention factors can be classified as a mental, social, and physical dimension of work. These dimensions would imply the employee's use of their knowledge, contacts with other people and working conditions and salary (Irshad, 2011). Accenture's experience pondering on a high-performance issue discovered that organisation methodology regarding representative maintenance principally began in the US, Europe, Asia then Australia (Accenture, 2001). Employee satisfaction and retention are considered the cornerstone of the success of any organisation. It is suggested that when employees identify themselves within a group and contribute to the group's performance, they tend to become more loyal and stay in the organisation based on their affiliation with working groups (Osteraker, 1999; Van Knippenberg, 2000). This relies on the goal-setting theory pioneered by Locke in the 1960s (Locke, 1968). While describing another framework that the management can use when communicating with their employees, Glen suggested that there are nine different causes of retention which are - organisational processes, role challenges, values, work, life balance, information, stake/leverage/recognition, management, work environment and product or service (Glen, 2006).

Fitz-enz (1990) recognised that several factors influence employee retention and suggested that these factors need to be managed congruently i.e., compensation & rewards, job security, training and development, supervisor support culture, work environment and organisational justice etc. This led to the organisation choosing the range of human resource management factors which influence employee commitment and retention These factors can be categorised into organisational factors (supervisor support, organisational justice, organisational image and work environment) and Human resource factors (employee value match, training and development, remuneration and reward, job security and employee promotion aspect) (Beck, 2001; Clarke, 2001; Parker & Wright, 2001; Stein, 2000).

Employee retention is a crucial aspect of organisational success and is key to maintaining a stable and productive workforce. One factor that has been shown to have a significant impact on employee retention is salary. In this literature survey, we will explore some of the research conducted on the relationship between salary and employee retention.

A study by Kim & Kao (2014) found that salary was one of the most important factors affecting employee retention. The study found that employees who were satisfied with their salary were more likely to stay with their current employer than those who were dissatisfied. Another study by Miao et al. (2013) found that salary satisfaction had a direct positive effect on employee retention. The study also found that salary satisfaction was influenced by factors such as job security, job autonomy, and job complexity. A study by Gerhart & Rynes (2003) found that pay level and pay structure were both important in determining employee retention. The study found that employees who perceived their pay to be fair and in line with market rates were more likely to stay with their current employer (Sandhya & Kumar, 2011). A salary package provides a greater reason for employees to perform tasks to the best of their abilities (Nagadevara et al., 2008). Harry & Coetzee (2013) found that call centre organisations in South Africa are '*characterised by low pay, and as a result, employees may look for alternative work elsewhere with a better compensation plan, thus increasing employees' intentions to leave the organisation.*'

One of the key factors that determine perceived job security and opportunity, and consequently turnover decisions, is salary amount (Cable & Judge, 1994; Cotton & Tuttle, 1986; Fagan & Burchell, 2002; Jurgensen, 1978; Memon et al., 2015). Pay satisfaction is largely determined by the discrepancies between actual salary and personal salary reference points, such as what employees feel they deserve, want, or see others receiving (Goodman, 1974; Lawler, 1990).

In conclusion, the research suggests that salary is a critical factor in employee retention. Employees who are satisfied with their pay are more likely to stay with their current employer, while those who are dissatisfied are more likely to leave. Additionally, employees who perceive their pay to be fair and in line with market rates are more likely to stay. Thus, organisations should ensure that they have a competitive salary structure in place to retain their top talent.

The impact of work recognition on employee retention has been a topic of interest in organisational research for several decades. Various studies have explored the relationship between recognition and retention, and the results have been largely consistent in suggesting a positive association between the two. This literature survey reviews some of the key studies that have investigated the impact of work recognition on employee retention.

One of the earliest studies on this topic was conducted by Herzberg in 1959 (Alshmemri et al., 2017; Gawel, 1996). The authors found that recognition was one of the most important factors in motivating employees and enhancing their job satisfaction. Similarly, a study by (Lawler III, 1973) found that recognition and feedback were significant predictors of employee

retention. More recent studies have also supported the idea that recognition is an important factor in employee retention. For example, a study by Ongori & Agolla, (2008) found that recognition and rewards were positively associated with employee retention in the banking industry in Kenya. Other studies have examined the specific forms of recognition that are most effective in promoting employee retention.

Das and Baruah have conducted a survey of literature covering employee retention (Das & Baruah, 2013). In their paper, they cite that Fitz-enz (1990) recognized that employee retention is not influenced by a single factor, but there are a host of factors which are responsible for retaining employees in an organisation. Management needs to pay attention to factors such as compensation & rewards, job security, training & development, supervisor support culture, work environment and organisation justice. Further, they record that according to (Walker, 2001), recognition from bosses, team members, co-workers and customers enhances loyalty. “Watson Wyatt”, a global consulting firm, was surveyed in the USA, in the year 2002 among 12750 employees at all levels of job and in all major industry sectors to know about their attitudes toward their workplace and their employers. It was found in the survey that recognition is important for workers and they want to hear that their work is followed, recognized and appreciated. The other works cited by them on Rewards and Recognition that lead to employee retention are by Agarwal (1980) and Silbert (2005).

Overall, the literature suggests that work recognition is an important factor in promoting employee retention. Recognition can take many forms, including informal praise and thank-you notes, formal financial rewards, and feedback from supervisors and colleagues. The specific form of recognition that is most effective may depend on the context and the preferences of individual employees. Employers who invest in recognition programs are likely to see benefits in terms of increased employee satisfaction, commitment, and retention.

According to Lawler (990), compensation and reward are one of the largest factors that influence retaining employees. An employee with outstanding performance or unique skill who contributes to the organisation's key output indicators usually expects to be recognised with appropriate compensation. These employees are usually indispensable as the company’s strength relies on a significant amount of orientation and training. On the other hand, if the work required is mundane and simple, requiring little or low training, then such labour is provided low wages based on company strategy; he further pointed out that a high compensation package tends to create a culture of excellence. At the same time, existing cultural factors cannot be ignored since many organisations can implement good HR strategies to retain good employees without offering high wages (Pfeffer, 1998). Money can bring

workers to an organisation but in no way can this incentive retain the employee in the organisation (Smith, 2001). This view has also been supported by Harris and Brannick when they stated that money is not a primary retention factor for employees in an organisation (Harris & Brannick, 1999). A foundation element which establishes a contractual bond between the employer and employee is the existence of a fair wage and the fact that money can persuade behaviour (Parker & Wright, 2001). To retain talented employees, organisations often offer high packages such as stock options, performance-based pay, bonuses, and various allowances in the organisations. Compensation is indeed an important factor in attracting and retaining talent (Willis, 2000). According to Highhouse and others, pay alone is not enough to retain employees. While low pay will make workers leave the organisation after finding better alternatives, it cannot however be said that high pay packages will attract and retain workers in the organisation. In the final analysis, those who stay in the organisation base their decisions on the work environment, the behaviour of co-workers, supervisory support organisational culture and organisational climate (Highhouse et al., 1999).

The literary meaning of the word "reward" denotes something offered by the organisation to the workers in response to their work performance and contributions and which is also expected by the workers. There is a significant body of research that focuses on the impact of rewards on employee retention. Rewards can include salary, bonuses, benefits, and other incentives that are offered to employees as a way to recognize and reward their contributions to the organisation. Employee retention is a key concern for many organisations, as turnover can be costly in terms of lost productivity, recruitment costs, and training expenses. For services rendered by the employees to the organisation such as the amount of pay, perks/benefits paid can be termed as 'rewards.' The reward can be classified as something that is offered to motivate an employee for his contribution/work excellence so that he carries forward a positive attitude in the future towards his work/relationship in the organisation. Rewards can be intrinsic or extrinsic. Rewards can come in several forms – this can be in the form of cash or bonuses or the same can be in the form of recognising employees by awarding a commendation certificate, or worker of the month award, cash bonus, awards, free trips, free merchandise and in some cases the employee also has the options for owing company share stock options (Agarwal, 1998). Silbert states that rewards are very significant since they leave a lasting impression on the employees as they understand that they are being valued by the organisation (Silbert, 2005). It is suggested that employees' participation in decision-making and influence is also critical (Davies, 2001; Gold, 2001). For example, Similarly, a study by

Heneman & Schwab (1972) found that opportunities for advancement and job security were important factors in employee retention.

However, not all studies have found a positive relationship between rewards and employee retention. For example, a study found that rewards were not a significant predictor of employee retention in the Dutch healthcare sector (Paauwe & Boselie, 2005). Additionally, some studies have found that certain types of rewards, such as performance-based pay, can have a negative impact on employee retention (Gerhart et al., 1992). Organisations that are more committed towards their workers make more investments in HR practices such as education, training and development and compensation packages (Walker, 2001). There is a clear linkage between rewards and employee retention according to Mercer, Perin and Watson. They have given insights into workers' impressions and feelings about the rewards given for the work that they have done. “Watson Wyatt, a global consulting firm, surveyed in the USA, in the year 2002 among 12,750 employees in large companies at all levels of job on different issues of the workplace including rewards. This study showed the importance of recognition of workers and the fact that workers are keen on being appreciated and recognised in the organisation (Mercer, 2003; Perrin, 2003; W. Watson, 1999).

In social enterprises, altruistic and desirable societal goals create an impression/expectation that workers work for a noble cause and not necessarily for pay. Moreover, such organisations, especially the non-profit ones cannot compete with the for-profit organisation by providing better pay and higher incentives (Manimala & Bhati, 2011). The availability of efficient and effective HR is the success of many non-profit organisations (Brandel, 2001). In such organisations, intrinsic motivations rather than the extrinsic motivation of money are relied on. Participating in something one believes in - such as expressive benefit is what attracts and retains many unpaid employees/volunteers in a non-profit organisation (Mason, 1996). Gardner states that pay is a motivator as well as an employee retainer (Gardner et al., 2004). Although, among all types of rewards, it is understood that monetary reward or pay is the most significant factor for retention as suggested by Milkovich et al. (2014), research shows that among reasons for non-management turnover, compensation was not one of the top reasons. However, compensation is a critical factor in reducing managerial turnover and increasing commitment (Moncarz et al., 2009).

Ashford and others have said that insecurity can be the reason for job dissatisfaction (Ashford et al., 1989; Davy et al., 1991). Rain et al have explained how said job satisfaction can be correlated to life satisfaction (Rain et al., 1991). Job satisfaction is a complex phenomenon that is influenced by many factors such as salary, working environment,

autonomy, communication, and organisational commitment. Other researchers have identified three criteria that impact how hard the employees are working. An employee works hard when they have - job pride, when they find their jobs interesting and meaningful, and when they are recognised for their work and derive benefit from the same (Eugenia Sánchez Vidal et al., 2007; Lane et al., 2010; Reichheld & Teal, 1996). In today's age with intense competition, every organisation is trying to give maximum benefits to the employees. However, satisfying human needs and aspirations is a difficult task that many organisations are facing. Understanding the human mind is extremely difficult. There are large numbers of opportunities available for skilled and talented human resources that employees are finding difficult to satisfy and retain. Just as there are different personalities, in the same way, every employee in the organisation has different demands and expectations from the organisation (Das & Baruah, 2013).

According to research age, job satisfaction, tenure, job image and organisational commitment are continuously related to turnover intentions and the actual turnover (H. J. Arnold & Feldman, 1982; Brodie, 1995; Wotruba & Tyagi, 1991). Other research work has also clearly culled out the fact that employees who are satisfied with their jobs will automatically stay longer in the organisation (Jewell & Siegall, 1990; Locke, 1968). Randhawa suggested that the higher the job satisfaction, the lower the desire for an employee to quit the job (Randhawa, 2007). In countries where the government salary is not sufficient to meet the basic needs of healthcare, families' monetary incentive plays an important motivator for worker retention (Brinkerhoff, 2005; Dieleman et al., 2003; Henderson & Tulloch, 2008; Martineau et al., 2004). In the Israeli healthcare system, the National Nursing Health Policy is supervised by the Nursing Division of the Health Ministry. Since all the nurses are unionised under 'one national nurse's union', salaries and benefits are usually uniform across the organisations. There is no variability in salary conditions between hospitals and therefore, the nurses are less likely to change their place of employment since working conditions are similar. It has also been found that because of this system, nurses' retention in Israel is positively affected with 89% of registered nurses working as nurses (Nirel et al., 2012).

Overall, the literature suggests that rewards can have a positive impact on employee retention, but the type of reward and the context in which it is offered may be important factors to consider. Organisations should carefully evaluate their reward systems to ensure that they are effectively recognizing and rewarding employee contributions and supporting employee retention.

### 2.12.1.2 Relationship with Superiors and Peers

The relationship that an employee has with superiors is determined by the leadership style exhibited by such superiors. Leadership is the process of influencing people towards achieving a common goal. Effective leadership plays a significant role in employee retention. Leaders who create a positive work environment, provide meaningful feedback, and recognize employee contributions are more likely to retain employees. Studies have shown that employees who have positive relationships with their supervisors are more likely to stay with the organisation' (Shuck et al., 2018). Leadership is a key factor that impacts employee retention. Leaders who are effective in motivating, engaging, and developing employees are more likely to retain them. Employees often cite their relationship with their manager as a key factor in their decision to stay or leave an organisation. Several studies have examined the relationship between leadership and employee retention, and have identified several key leadership behaviours that can impact retention.

A study by Mowday et al. (2013) found that communication from managers about job expectations and feedback was a key factor in employee commitment. Similarly, a study by Eisenberger et al. (1986) found that perceived support from supervisors and co-workers was positively related to employee commitment. A study by Podsakoff et al. (1990) found that empowering leadership behaviours, such as providing autonomy and decision-making authority, were positively related to employee commitment. McNeese-Smith (1995) in their research found that the manager's attitude also impacts the commitment of employees in organisations. Another important leadership behaviour that can impact employee retention is support.

A study by Rhoades & Eisenberger (2002) found that perceived supervisor support was positively related to employee retention. In addition to communication and support, leadership behaviours related to motivation and empowerment can also impact employee retention. Kaye & Jordan-Evans (2002) confirm that a good boss can influence the retention of employees in an organisation. In a study of employee retention in the hospitality industry, Arnold (2005) found the employee retention rate to be low as a result of low satisfaction levels and poor quality of leadership. A study by Saks (2006) found that transformational leadership behaviours, such as providing individualised consideration and intellectual stimulation, were positively related to employee retention. Hytter (2007) explained that workplace factors such as leadership style, have an indirect influence on employee retention. Mason (2008) lists ten top strategies for employee retention. Leadership appears as the seventh strategy in this list.

One of the most important leadership behaviours that can impact employee retention is communication. A study by Eisenberger et al. (2010) found that perceived communication quality was positively related to employee retention. Budhiraja & Malhotra (2013) from their study conclude that leadership style determines the success or failure of retaining employees in an organisation.

Nanjundeswaraswamy & Swamy (2014) argue that in this global competitive environment, effective leadership style is necessary to reduce the attrition rate. Cloutier et al. (2015) in their studies find that positive working conditions improve when an employee has a good relationship with the boss and if given a leadership role, their sense of belonging with the company becomes very strong. This, they say, leads to the retention of employees. Puni et al. (2016) found employees under autocratic leaders are more prone to intentions to quit jobs mainly as a result of the leaders' over-emphasis on production rather than people. Workers under a democratic leadership style are less likely to be involved in turnover intentions due to the collective decision-making approach of the leader.

Kossivi et al. (2016) studied some of the factors for retention from the findings of previous research studies. They found that among others, the style of leadership of the management was one of the factors that contributed to employee retention. Alkhawaja (2017) states that the increase in turnover is due to the unbalanced treatment of employees. Employees who feel that they are growing and learning in their jobs are more engaged and committed to their work (Saks, 2019). Based on a review of literature, authors Padmanabhan & Sonawane (2019), find that strong leadership is one of the contributors to employee relationships. Leaders who provide mentoring, coaching, and training opportunities demonstrate a commitment to their employees' professional development and growth. Such leaders are more likely to retain employees in the long run. Furthermore, leaders who prioritise employee well-being and work-life balance are more likely to retain employees. A supportive work environment that promotes employee health and well-being is essential for retaining employees. Leaders who provide flexible work arrangements, adequate rest breaks, and opportunities for stress management and mental health support are more likely to retain employees (Dove et al., 2021). Other literature that covers Leadership includes Eisenberger et al. (1990), and Brunetto & Farr-Wharton (2002).

Leadership, therefore, is a critical factor in employee retention. Effective leaders who prioritise employee well-being, development, and growth, create a positive work environment, and foster a culture of respect, trust, and open communication are more likely to retain employees. Organisations must invest in developing leaders who can effectively lead and retain

employees in today's competitive business environment. However, not all studies have found a positive relationship between leadership and employee retention. For example, a study (Palich et al., 1995) found that the relationship between supervisor support and employee turnover was moderated by job satisfaction, such that the relationship was stronger for employees with lower job satisfaction.

In the research conducted by Bradley and others in Health Systems Strengthening for Equity (HSSE) in Africa, it was found that job satisfaction and intent to leave were greatly influenced by the impact which supervision had on healthcare worker's outcomes. There is ample evidence to suggest that the need for this systematic supportive supervision, will certainly help positively impact primary healthcare facilities. The supervisor should therefore understand the role and purpose of this crucial aspect of HRM (Bradley et al., 2013a). Analysis of the quantitative element of the study provided solid evidence of the impact of supervision of health worker outcomes in Malawi, Tanzania, and Mozambique where the study took place (McAuliffe et al., 2013). Supervision practice is dependent to a large extent on the attitudes and priorities of supervisors.

Healthcare worker motivation, retention and performance are greatly affected by the prevailing supervision paradigm. When there is a lack of transparency in the HRM process and criteria, coupled with inspection models that are based on finding fault and blame game, a negative impact on staff motivation, can be the result (Bradley & McAuliffe, 2009; Manafa et al., 2009). On the contrary, when the supervision is modelled on supportive practices, a range of positive outcomes such as job satisfaction, turnover intention and performance is the natural outcome.

Retention of skilled medical staff is a major challenge for health systems globally, due to the higher turnover of medics. It has been found that improving recruitment strategies lead to organisational performance and supervision strategies lead to employee relationship and satisfaction. Workforce productivity and satisfaction are increased by developing and maintaining a good relationship with the workforce through comprehensive supervision strategies. Organisation performance also to a large extent depends on training strategies (AbuAlRub et al., 2009; Delobelle et al., 2011; Frimpong et al., 2011).

According to a study by Wright & Cropanzano (2000), positive relationships with peers are positively related to job satisfaction. Positive peer relationships can have several benefits for employees, including improved job satisfaction, increased motivation, and higher levels of engagement. According to a study, positive peer relationships are associated with increased job satisfaction and organisational commitment. Employees who have positive relationships with

their co-workers are more likely to feel connected to the organisation and their work, leading to increased job satisfaction and commitment (Sias et al., 2008). According to a study by Hailes et al. (2021), employees who have strong social connections with their colleagues are less likely to leave their organisation. Positive relationships with peers can lead to increased job satisfaction, which, in turn, leads to increased retention (Khan, 2021). According to a study by Gao et al. (2021), positive relationships with peers positively affect employee retention by increasing job satisfaction and reducing turnover intentions.

Conversely, negative relationships with peers can lead to a toxic work environment and damage the organisation's reputation. Negative peer relationships can have significant negative consequences on employee retention as they can lead to increased stress and decreased job satisfaction (Feinberg & Cooper, 2019). Additionally, it is likely to cause employees to have decreased motivation and increased stress and burnout (Morse et al., 2020). Negative peer relationships can also lead to conflict and tension in the workplace, affecting teamwork and collaboration. Furthermore, employees who feel isolated or excluded from their peers may be more likely to leave their jobs in search of a more supportive work environment (R. Jain & Dupas, 2020).

In conclusion, maintaining positive relationships with peers is essential for employee retention in organisations. Positive peer relationships can lead to improved job satisfaction, increased motivation, and higher levels of engagement. Conversely, negative peer relationships can have significant negative consequences on employee retention, including increased turnover intentions and reduced job satisfaction.

### 2.12.1.3 Work Environment

Employees can be evaluated as having personal attributes such as ability, skills, knowledge, and qualifications. There must be a suitable employee value match between the attributes that he has and the requirements for the job (Edwards, 1991; Lofquist & Dawis, 1969). The sociological and psychological driver which motivated employees to work in the past was centred around self and family and was seen largely as a livelihood where the focus was more on money. This has however changed over the years through a generational driver (generation Y millennials [1981-96]; generation Z [1997-2012] and generation alpha [early 2010s-mid 2020s]), wherein the positive reinforcement has largely centred around self and a sense of belonging of the employees at the workplace with more and more of such employees joining the workplace, wherein the knowledge (work driver of science) and technology are two

important variables. On the other hand, the cultural driver has successfully, through the process of globalisation, enhanced the challenge of retaining talented workers amidst the environment of cultural differences for organisations facing enhanced competition. It has therefore become paramount to gain a competitive advantage while recruiting employees with adequate knowledge and motivation which would benefit the organisation (Amar, 2004). During employee selection, it is important to keep the personal values match with the job in mind since it is based on the beliefs of 'employees' value congruent with the organisation' or 'personal and organisational goals' (Kristof, 1996; Netemeyer et al., 1997; O'Reilly et al., 1991).

Studies have shown that the commitment of the employee is influenced by the organisational concept which identifies common goals and organisational employee values (Brown, 1969; Kidron, 1978; Steers, 1977). Organisation fit can also be explained as an employee's cooperation, willingness, and disposition to work together with the organisational objectives. Towards this end, it becomes important to improve congruence between the values held by the employees and the culture reflected by the organisation (Barnard, 1938) as opined by (Cable & Judge, 1997). Role enhancement in healthcare could also have a positive effect on recruitment and retention. This is usually done by increasing the pay and by providing advanced roles or by creating new clinical career pathways (K. Collins et al., 2000).

In a study conducted in Greek hospitals, it was found that the highest-ranked motivator was achievements such as meaningful work, respect and appreciation. These were powerful driving forces and were more important than obtaining hygiene factors such as social belongingness, work collegiality and salary (Kontodimopoulos et al., 2009). Achievement-oriented can be classified as self-actualisation. However, for the managerial positions in these hospitals, remuneration and salary was an important motivator (Cheng & Robertson, 2006; Robbins, 1998).

D. R. Jain (2014) stated that the work environment involves all the physical, psychological, and social aspects which act and react on the body and mind of an employee. Several studies have shown that the work environment plays a crucial role in employee retention. There are many factors influencing the work environment, such as organisational culture, leadership, compensation, benefits etc. The earlier works on such factors have been individually dwelt in the other sections. Several studies have shown that the work environment has a significant impact on employee retention. A positive work environment can increase employee satisfaction, engagement, and commitment to the organisation. On the other hand, a negative work environment can lead to job dissatisfaction, low morale, and high turnover rates. Guchait & Cho (2010) have deduced that 80% of employees look for a better work

environment. Richman et al. (2008) declare that a Supportive work environment cultivates the expected retention.

The physical environment of the workplace is a significant predictor of employee retention. Research suggests that factors such as lighting, noise levels, temperature, and air quality can impact employee satisfaction and retention (Sundstrom et al., 1994). A study conducted by Becker (1998) found that work environment factors such as job autonomy, skill utilisation, and job satisfaction significantly influenced employee retention. Zuber (2001) found that employees are more likely to stay when there is a predictable work environment and vice versa. Saari & Judge (2004) found that work environment factors such as job characteristics, work environment support, and job resources significantly influenced employee retention. In contrast, a poorly designed physical environment can lead to discomfort, distraction, and dissatisfaction, all of which can contribute to higher levels of employee turnover. 'Supportive environment that employees receive from their immediate peers, superiors, and other departments stimulates the employee outcomes in the form of organisation commitment and job satisfaction' (Luthans et al., 2008). Eisenberger & Stinglhamber (2011) found that work environment factors such as perceived organisational support significantly impacted employee retention.

A study by Böckerman & Ilmakunnas (2012) found that employees who perceive their work environment positively are more likely to stay with their current employer. Patel & Patel, (2014) also showed that work environment is significantly related to employee retention. Gangwani & Dubey (2016) carried out a study on the influence of the working environment on employee retention. Their study revealed a positive relationship between work environment and employee retention. Using multiple regression analysis on a sample of 211 respondents from 67 organisations, Kundu & Lata (2017) provides a strong indication that a supportive work environment (perceived climate, supervisory relationship, peer group interaction, and perceived organisational support) positively contributes to employee retention. Hanai (2021) found that *the 'work environment is significantly related to employee retention in the banking institutions in Dar es Salaam*' (Tanzania). According to the author, the results of the study *'support the argument made based on Herzberg two factor theory that motivational factors such as work environment have positive and significant relationship on employee retention.'*

In conclusion, the findings of this literature review have important implications for organisations. Literature suggests that the work environment plays a critical role in employee retention. Employers should pay attention to the physical, social, and psychological aspects of

the work environment to retain employees. On the other hand, organisations that fail to prioritise the work environment are likely to experience high turnover rates.

### 2.12.1.4 Training and Development

Fitz-enz acknowledged that a variety of variables affect employee retention, not just one and that there are many different reasons why people stay with a company. Management must take into account elements like salary and benefits, job stability, training and advancement, supervisor support culture, workplace atmosphere, organisational justice, etc (Fitz-enz, 1990).

The main elements for an organisation's success, in Osteraker's view, are staff retention and satisfaction. The three main components of the retention factor are social, mental, and physical. Employees always choose flexible work projects where they can utilise their skills and see the consequences of their efforts, which, in turn, assists in retaining precious resources. Work characteristics make up the mental component of retention. The interactions that employees have with others, both inside and externally, make up the social dimension. The physical dimension includes wages and working conditions (Osteraker, 1999).

To affect employee commitment and retention, an organisation must use a wide range of human resource management criteria, as correctly noted by Stein and others (Clarke, 2001; Parker & Wright, 2001; Stein, 2000). Walker identified seven factors that can enhance employee retention: (i) compensation and appreciation of the performed work, (ii) provision of challenging work, (iii) chances to be promoted and to learn, (iv) invitational atmosphere within the organisation, (v) positive relations with colleagues, (vi) a healthy balance between the professional and personal life, and (viii) good communications. Together, these suggest a set of workplace norms and practices that might be taken as inviting employee engagement (Walker, 2001). Kehr divided the retention factors into three variables: power, achievement and affiliation. Dominance and social control represent power. When personal performance exceeds the set standards, it represents achievement and affiliation refers to social relationships which are established and intensified (Kehr, 2004). Hytter found that elements including a person's sense of loyalty, trust, dedication, identity and attachment to the company all directly affect how long an employee stays with the company. Additionally, the researcher discussed the indirect effects of workplace variables like compensation, leadership style, career possibilities, skill development and training, physical working conditions, and the harmony between work and family life (Hytter, 2007).

Eva Kyndt and others have discovered that personal elements including education level, seniority, self-perceived leadership qualities, and learning mindset as well as organisational aspects like appreciation and stimulation as well as job pressure are of major relevance in employee retention (Kyndt et al., 2009). Messmer found that one of the important factors in employee retention is an investment in employee training and career development. The organisation always invests in the form of training and development of those workers from whom they expect to return and give output on its investment (Messmer, 2000).

Garg and others emphasised that in today's fiercely competitive world, employee input is crucial for organisations, and the more knowledge an employee gains, the better he or she will perform and handle the market's issues on a global scale (Garg & Rastogi, 2006). According to Clark, organisations are stepping up their efforts to cultivate talented workers through skill analysis, input on employee interests, need development, multisource assessment of capabilities, and the creation of action plans (Clarke, 2001). Goldstein stated in the book "Training in Work Organisations", that when employees are hired to enhance their skills, the organisation needs to start a training program (Goldstein, 1991).

Garg et al describe how organisations must provide and accept feedback from employees in the current competitive world, and how an employee's performance and ability to meet global issues in the workplace will increase as they gain more information (Garg & Rastogi, 2006).

According to research, organisations that invest more in physical resources, have higher performance standards and are larger enterprises are more likely to keep their personnel (Black & Lynch, 1996). Leading companies in the sector understand that a wide range of training, skill, and career development is the primary driver of employee recruitment and retention in the form of adaptable, technologically advanced workers that organisations require to compete in the computerised economy (Accenture, 2001; Bassi & Van Buren, 1999). Frazis et al state that employees in organisations with lower turnover rates often spend 59 per cent of their training time on formal training, compared to 18 per cent in organisations with higher turnover rates. Workers believe that training is more likely to boost productivity if it includes organisational-related skills (Frazis et al., 1998).

### 2.12.1.5 Career Growth and Management

In a study by Murthy et al on 'What do doctors want? Incentives to increase rural recruitment and retention in India', it was discovered that "packages/incentives" were needed to boost rural recruitment and retention. Salary increments, higher prospects for higher education, and better

housing conditions could be included in the package (Murthy et al., 2012). While it's true that pay and benefits are significant for doctors and medical professionals who work in rural areas, one's self-confidence and self-esteem also play a role in their decision to accept such positions. A significant contribution would be made to keeping the health worker if appropriate training and learning opportunities were offered to increase skills, boost confidence, and create an opportunity to modify attitudes (Van Dormael et al., 2008). According to a different study, the terms "vertical" and "horizontal" refer to "the migration" of a "discipline" or "profession" outside of its conventional boundaries to take on duties that are typically carried out by other health service providers. Giving prescription authority to nurses is one instance. Although adding new responsibilities undoubtedly broadens the range of professional activity, it is not required to boost remuneration proportionately. Cultivating status differences now confers greater power (Floyd & Morrison, 2014).

### 2.12.1.6 Intention to Leave the Organisation

Building an evidence base on the role of mid-level cadres in maternal and neonatal health was one of the goals of the Health Systems Strengthening for Equity (HSSE): The Power and Potential of Mid-Level Providers initiative, which aimed to promote health system strengthening for equity in Africa. A sizable, mixed-methods study called HSSE was conducted in Malawi, Tanzania, and Mozambique. The collection of both quantitative and qualitative data occurred simultaneously. Only the qualitative data from that study in Malawi and Tanzania are discussed in this paper (Bradley et al., 2013b). Strong evidence of the influence of supervision on health worker outcomes, such as job satisfaction and intention to leave, was revealed by analysis of the quantitative component of this research. The types and frequency of supervision reported in Tanzania and Malawi were found to differ. This data demonstrates the necessity of routine supportive supervision. Given that district employees are in charge of carrying out supervision, it is critical to assess how well they comprehend the function and significance of this fundamental component of the HRM system. It is also important to understand how their operating paradigm and the difficulties they encounter affect the routine supportive supervision of workers in primary healthcare institutions.

The HSSE research's qualitative component investigated, among other things, the perceptions of Council Health Management Teams (CHMT) / District Health Management Team (DHMT) members on supervision practices in their respective districts (McAuliffe et al., 2013). All shift workers who participated in the study were either pursuing or already held

nursing degrees. According to the information acquired, 47% of the shift workers already held a nursing degree, and the remaining employees planned to do so between 2007 and 2010. Almost all shifters (97%) had already decided to quit the medical field in the near future, it should be mentioned. In actuality, just 3% of shifters had no set departure date; instead, 33% of them planned to quit after their first year of study, another 33% after three to five years, and 30% after one to two years. Another 90% of them stated that the USA was their preferred place of employment, with the remainder identifying the UK (7%) and Australia (3%). Some shift workers had previously taken the tests necessary to obtain their foreign country licences. For example, 37% had completed the Commission on Graduates of Foreign Nursing Schools (CGFNS) exams, while 33% had taken the National Council Licensure Examination (NCLEX). Additionally, 37% of the shift workers had already applied, either directly or through an agency, for nursing jobs abroad (Labarda, 2011).

Employee turnover costs hospitals a lot of money, and staff members' intentions to quit sometimes show in poor performance. It was investigated whether team atmosphere, as demonstrated by engagement, task orientation, clear and shared goals, and encouragement for innovation, forecasts intention to quit and actual turnover among hospital personnel (Kivimäki et al., 2007). According to Afzalur et al, Intention to leave a job refers to ' the intent or predisposition to leave the organisation where one is presently employed' (Afzalur Rahim & Psenicka, 1996). The high intention of leave may also have inadvertent negative effects at work in the form of withdrawal or lessened engagement in one's work. It has been discovered that withdrawal shows itself as carelessness, absenteeism, avoidance behaviour, and lower performance (Hayes et al., 2006; Rosse & Hulin, 1985). Hospitals incur significant costs as a result of personnel turnover, including direct expenditures (such as retraining new hires) and indirect costs (such as delaying patient care owing to a staffing shortage). Therefore, studying the antecedents of intention to leave among hospital employees is of high importance (Waldman et al., 2004). The reason that satisfaction and commitment have received so much attention is that they have been found to predict turnover intentions (Karsh et al., 2005).

The findings from various studies that looked at the factors that affect actual turnover were consistent. In a sample of 307 hospital nurses, Parasuraman looked at a model of turnover that included personal, organisational, and occupational characteristics along with behavioural intentions and actual turnover. On reported stress, satisfaction, and/or commitment, there were direct effects of leadership attention, role conflict, work overload, age, and job level. Job satisfaction and organisational commitment, as expected, had a greater impact on intentions to

leave than any organisational, job, or demographic factors. The only factor that directly affected real turnover at 6 and 12 months was the intent to depart (Parasuraman, 1989).

Table 2.1 below summarises the key research studies that support the research gaps and research propositions for the current study.

**Table 2.1 Summary of Key Research Studies**

| S.No. | Title | Author | Year of Publication |
|---|---|---|---|
| 1 | A Study on Occupational Stress of Employees of Private Health Care Sector in Malappuram | M.Dhanabhakyam & Sarath.M | 2024 |
| 2 | Effect of leadership styles on turnover intention among staff nurses in private hospitals: The moderating effect of perceived organisational support | Surabhila Pattali1, Jayendira P. Sankar1, Haitham Al Qahtani2, Nidhi Menon1 and Shabana Faizal1 | 2024 |
| 3 | Barriers to recruitment, onboarding and retention of faculty in government medical colleges of India | Niti Aayog | 2024 |
| 4 | Most medical colleges have ghost faculty, all fail to meet 50% attendance requirement, says NMC | Anonna Dutt | 2024 |
| 5 | Medical colleges multiply in Telangana, but faculty hiring fails to keep pace | Amrita Didyala | 2024 |
| 6 | Motivational practices and retention among employees of health care sector in Tamil Nadu | T. Santhy1; Dr. V. OVelmurugan | 2023 |
| 7 | Addressing India's healthcare worker shortage: Evaluating strategies to improve medical education and retention | Dr.A.Shaji George | 2023 |
| 8 | A study on the human resource management policies and causes of occupational stress in the private hospitals in Nagapattinam district of Tamil Nadu | Mr. N. Karthik, Dr. R. Ilavenil | 2023 |
| 9 | Factors and retention of healthcare employees: A study based on Kerala private hospitals | Muhammed Riyaz H1 And Dr. Nisha Ashokan2 | 2023 |

| | | | |
|---|---|---|---|
| 10 | Challenges in retaining faculty in new and upcoming medical colleges: A faculty member's perspective | Walia, Moneet; Sharma, Nidhi; Lata, Gagan | 2023 |
| 11 | Current distribution of medical colleges in india and its potential predictors: A public domain data audit | Himel Mondal, Sachin Soni, Ankita Juyal, Joshil K. Behera, And Shaikat Mondal | 2023 |
| 12 | An exposure of occupational stress among employees Working In Selected Private hospitals | Dr.R. Meenakshi, Dr S. Nagarajan, Dr.S. Prakash | 2022 |
| 13 | Is intent to stay of Tamil Nādu rural community health centre doctors enhanced by existential relatedness and growth (erg) needs? – an analytical study. | Dr. J. Shanmugapriya, Dr. Seema Mehta, Dr. Tanjul Saxena, Mr. Rishi Sharma, Ms. Geetika Goswami | 2022 |
| 14 | Impact of covid-19 on HRM practices in multispeciality hospitals in Tamil Nadu | D. Hemalatha, Dr. S Jambulingam | 2022 |
| 15 | Factors influencing employees' performance appraisal fairness and organisational commitment towards employees' turnover intention in selected multi-speciality hospitals in northern Tamil Nadu | Mr. R. Thanigaiyarasu, Dr.P. Selvamani, Dr.G. Veeramani | 2022 |
| 16 | The role of socio-demographics on doctor motivation and turnover in Tamil Nadu CHCS: Smart pls analysis | Shanmugapriya, Seema Mehta, Tanjul Saxena | 2022 |
| 17 | Work life balance and its impact on employee retention a study on eye doctors in Coimbatore district, Tamil Nadu | Gowrishankkar V, A. Martin Jayaraj | 2021 |
| 18 | Impact of organisational factors on employee retention: A mediating role of employee morale with special reference to docteletors of eye hospitals, Coimbatore, Tamil Nadu | Gowrishankkar V, A. Martin Jayaraj | 2021 |
| 19 | The impact of job stress, workload and long working hours on the job satisfaction of government doctors at Tamil Nadu | Nithyajothi Govindaraju | 2019 |

| | | | |
|---|---|---|---|
| 20 | Career destination and reason for career destination preferences among medical graduates from Christian medical college Vellore – does rural service obligation increase retention of medical graduates in rural service? | Ramya Iyadurai, Suekha Viggeswarpu, Anand Zachariah | 2019 |
| 21 | Occupational Stress among Nurses in Select Private Hospitals of Palayamkottai City at Tirunelveli District | S. Bulomine Regi, T. Rita Rebekah | 2018 |
| 22 | A study on quality of work life among nurses working in private hospitals in Thanjavur, Tamil Nadu. | Mrs.B. Renuka Devi, Dr.O.M.Hajamohideen | 2018 |
| 23 | A study on employee retention practices in higher education institutions in Tamil Nadu | M. Jayaraman and Dr. A. Peer Mohideen | 2017 |
| 24 | A study on job stress among private hospitals employees in Theni District | Dr.J. Mohamed Ali 1, Mrs.N.Thahira | 2017 |
| 25 | Reasons for faculty departures from an academic medical centre: A survey and comparison across faculty lines | Sabine C. Girod*, Magali Fassiotto, Roseanne Menorca, Henry Etzkowitz and Sherry M Wren | 2017 |
| 26 | Engagement, workplace satisfaction, and retention of surgical specialists in academic medicine in the United States | Wai Py, Dandar V, Radosevich Dm, Brubaker L, Kuo Pc, | 2014 |
| 27 | Predictors of early faculty attrition at one academic medical centre | Brenda A Bucklin, Morgan Valley, Cheryl Welch, Zung Vu Tran and Steven R Lowenstein | 2014 |
| 28 | Mentoring and role models in recruitment and retention: A study of junior medical faculty perceptions | Margaret M. Steele, Sandra Fisman & Brenda Davidson | 2013 |
| 29 | Medical school faculty discontent: Prevalence and predictors of intent to leave academic careers onboarding and retention of faculty in government medical colleges of India | Steven R Lowenstein, Genaro Fernandez and Lori A Crane | 2007 |

## 2.13 Research Gap

"Relatively less turnover research has focused specifically on how an employee decides to remain with an organisation and what determines this attachment-retention processes should be studied along with quitting processes" (Maertz & Campion (1998).

"While there are articles that indicate there is the greater danger of brain drain in the area of healthcare in India, there are no detailed studies that offer effective retention strategies for reducing the attrition in Indian scenario" (Indrajit Bhattacharya, Anandhi Ramachandran, R.K. Suri and S.L. Gupta, 2011).

The following research gaps were identified after an extensive literature review in the field of Culture, Organisational Culture and Human Resource Practices on the Retention of doctors particularly in the Indian context.

- Staff turnover of medical doctors has become a major concern in healthcare organisations especially with more hospitals and health systems being set up in the country. There is an urgent need to research and study how organisational culture and Human Resource practices if appropriately addressed would retain medical doctors thereby decreasing costs and improving patient care.
- Most of the studies on organisational culture focusing on retention and Human Resource policies and practices with a focus on retention have been conducted in the non-healthcare sector.
- studies have been made on the influence of organisational culture, using the OCAI tool, on the employee's intention to leave.
- studies have been made on various factors of HR practices. These have been on a single HR practice or a bouquet of practices. Examples are employee empowerment, job security, employee participation, leadership, Work-Life Balance (WLB), Job Satisfaction (JS), etc.
- Most of the studies are limited to the study of health professionals using OCAI or HR practices like nurses and not doctors. There are only a few studies of the intention to leave by doctors. While there are studies on the intention of doctors to leave across the globe, there is very limited literature on such studies in the Indian context.
- Moreover, most of the studies in this area have been conducted in the western or international setting. There is not much research work carried out in India, especially in the context of doctors working in multi-specialty tertiary care teaching hospitals in the private and corporate sectors.

- The researcher came across very few Indian studies available that investigate the factors attracting doctors to join a hospital, health system or medical teaching institution and what factors became the reasons for the same set of doctors to seek a change in the type of hospital they work in thereby eventually leaving the institution.
- Human Resource practices and organisational culture are extremely important in retaining doctors in such healthcare organisations especially when compensation for such doctors varies drastically between the private and corporate sectors.
- The studies on the intent to leave of doctors are confined to such factors of HRP as the impact of Training and Development (T&D), Job Satisfaction (JS), working experience, salary, nature of work, the attitude of the immediate boss, work environment, work conditions, perceived alternative employment, management style, workload, distributive justice, burnout, advancement in the job, performance evaluation system in place, etc either singly or in combination, and OC has done on a standalone basis.
- There is a dearth of any study that combines the influence of organisational culture using the OCAI tool and HR practices that affect the intention to leave. This affords an opportunity for the researcher to study the combined impact of OC and HRP on the intention to leave.

In short, after extensive literature review, the research gap that is hoped to be addressed by the study is that:

a) It has been observed that there are many articles pertaining to 'Retention of Doctors', 'Culture in Organisations', 'Human Resource Practices in Organisation', 'Scarcity of doctors', 'Migration of Doctors from Rural to Urban', 'Factors Responsible for Retention of Doctors such as Job Satisfaction, Work Compensation, Burnout, etc', however there are no studies in India with respect to factors which are leading to the retention of doctors in medical colleges or human resource practices or organisational culture as a reason for doctors' intention to leave from medical colleges in the country. In fact, there are more than 500 articles which have been reviewed but there is no study which covers the factors which are leading to the quitting of doctors in medical colleges.

b) Furthermore, the other major gap that has been observed is that, there is no single study in India which is pertaining to the combinations of dimensions related to organisational culture and factors pertaining to human resource practices in medical colleges in India.

c) In addition to the literature review, government reports such as " Niti Aayog" highlight various facets of doctor attrition, including but not limited to, attrition in hospitals, rural health centres, and the lack of doctors serving rural areas. While numerous studies delve into the factors contributing to doctor retention based on job satisfaction, there remains a glaring gap in research that integrates organisational culture and HR practices within medical colleges in India, particularly concerning Doctors' intention to leave.

d) Another significant observation while addressing the research gap is that India has the largest number of medical colleges in the world and Tamil Nadu has the largest number of medical colleges in India. In other words, the number of Medical Colleges per lakh populations is highest in Tamil Nadu. Hence, it is most relevant to conduct this study in Tamil Nadu which could then be extended to other states in the country or as future research by other research scholars (NMC, 2024)

## 2.14 Summary

The various empirical evidence on the factors influencing the organisational culture and human resource practices concerning employee retention in various types of organisations have been reviewed extensively. This has enabled the researcher to identify the existing gaps in the research in this area. This makes it possible to formulate a hypothesis for healthcare workers' retention or their intention to leave their place of work.

# CHAPTER - 3
# RESEARCH METHODOLOGY

## 3.1 Introduction

Chapter 2 has elaborated on the Organisational Culture as well as the Human Resource Practices and Retention Strategies to illustrate the research gap justifying this study. The research then focussed on the investigation of the retention strategies of employees in the healthcare sector. This chapter explains the methods used to study the research problem towards useful outputs.

## 3.2 Research Problem

In the present scenario, organisations of various service sectors are struggling to retain their workforce. In the healthcare sector, doctors are the backbone in the provision of quality service to patients and thereby are essential for the success of any hospital. Retention of doctors is a challenging task for the Human Resource Department (HRD). After the pandemic, the healthcare sector has recorded a high attrition rate.

A review of literature has helped identify the retention strategies for medical doctors and the factors of human resource practices that help in sustaining the workforce. The human resource policies and strategies towards retention differ from one healthcare organisation to another. Further, values, beliefs and work culture also influence retention. Literature confirms that organisation culture plays a significant role in employee retention.

This research work has addressed three aspects: i) Factors of Human Resource Practices and Policies; ii) Dimensions and types of Organisational Culture; and iii) Major reason for leaving or intention for leaving the job to frame the retention strategies.

## 3.3 Research Questions

In chapter 2, the review of literature has portrayed how the role of organisational culture influences job retention and intention of leaving. It further explains how the society and cultural issues of the country and organisation affect employee turnover. The Human Resources Practices (HRP) and policies for reducing the turnover rate and increasing retention of

healthcare professionals (doctors) included stress reduction, increased job satisfaction, good working environment and suitable remuneration. Based on these parameters, constructs were developed to establish the relationship towards retention of doctors. Thus, the following research questions were identified to solve the research problems.

**RQ 1** **:** What are the most prominent factors influencing the doctor's intention to leave their respective Institution?

**RQ 2** **:** How does an organisation's culture type contribute to the doctors' intention to leave their institution?

**RQ 3** **:** Do the Professional variables influence the doctor's intention to leave?

**RQ 4** **:** What are the current and preferred culture categories in the institution where the doctors are working?

**RQ 5** **:** Does the doctor's search for a new job have a great impact on their intention to leave?

**RQ 6** **:** Does the organisation regularly update their policies regarding preventing the intention of doctors to leave the institution?

## 3.4 Research Parameter and Definition

This study utilised different research parameters to represent the doctor's population in Tamil Nadu. The following statistics were obtained from the sample to estimate the parameters of the population and analysis of data.

***Frequency Distribution:*** Frequency distribution is a tabular or graphical representation of the number of observations made over a period of time in a particular dataset. It provides insight into the underlying patterns or trends. Frequency distribution is represented as a percentage analysis in this study and applied to the Demographic and Professional Variables of Medical Doctors.

***Reliability***: Reliability refers to the consistency and dependability of a measurement or research instrument. It assesses the consistency and stability of results produced by various tools, tests, or experiments over multiple trials or under different conditions. When the results are highly accurate and reproducible, it indicates high reliability. Cronbach's alpha is a commonly used measure of reliability in research and is often used to assess the internal consistency of a scale or questionnaire. Cronbach's alpha is a statistical measure of the internal consistency of a test or scale. It is calculated by analysing the correlation between all the items in a measure. Cronbach's alpha ranges from 0 to 1, with higher values indicating greater internal consistency. Generally, a Cronbach's alpha value of 0.7 or higher is considered acceptable for most research purposes. This is applied for testing the consistency of variables included in the factors of human resources such as policies and practices, intention to leave and others.

***Validity:*** The concept of discriminant validity in research and measurement assesses the distinctiveness of a particular measure. It aims at determining the uniqueness of a test or scale and ensures that it is not correlated with measures of unrelated constructs. Establishing discriminant validity is crucial in ensuring that the tool accurately captures the specific construct it intends to measure without significant overlap with other concepts. This is also applied to the factors pertaining to human resources practices and intention to leave the institution.

***Factor Analysis:*** The Kaiser-Meyer-Olkin assesses the suitability of data for factor analysis. It examines the partial correlations between variables and assesses the suitability of the data for factor analysis. The KMO statistic ranges from 0 to 1, with higher values indicating more adequate sampling for factor analysis. The KMO values above 0.5 are often considered acceptable, and values closer to 1 suggest a better fit for factor analysis. Kaiser-Meyer-Olkin (KMO) and Bartlett's Test of Sphericity are prerequisites of factor analysis. These tests confirm whether or not any data is adequate for factor analysis. Exploratory Factor Analysis (EFA) is a statistical technique used to identify the underlying structure of a set of variables and the pattern of correlations between a set of observed variables. The factor analysis started with 66 variables. At the end of the analysis, the researcher found 34 variables in Human Resource factors contributing to the retention of doctors.

***Hypothesis Testing:*** Hypothesis testing is a statistical method which makes inferences on population parameters, based on the sample data. After collecting and analysing the data, it

formulates a hypothesis on the population parameter and brings out conclusions regarding the validity of the initial data. There are two types of hypotheses in this process. The null hypothesis (H0) represents the default assumption or no effect. The alternative hypothesis (H1) suggests a specific effect or difference. Through statistical tests, the likelihood of observing the obtained results will be assessed by the researchers, if the null hypothesis were true. Since we have failed to accept the null hypothesis, the alternate hypothesis is accepted, if the likelihood is sufficiently low. Hypothesis testing is done to establish the relationship between dependent and independent variables. Hence, the parameters utilised for this purpose were Multiple Linear Regression, z-test, chi-square test, Kruskal Wallis test and Mann Whitney u test. All these parameters were applied to find out the relationship between factors of HR, OC, Professional Variables and intention to leave.

## 3.5 Hypothesis Development

The Competing Value Framework (CVF) theoretically explains the relationship between OC, Total Quality Management and Human Resource Management. It represents the cultural change from one competing value to another (adhocracy-clan-hierarchy-market).

The progression of the culture change indicates that the culture type begins from entrepreneurship and ends with competition within the same firm and also with other firms, which could have a great impact on the retention rate. Literature indicates that there is a relation between Human Resources and OC towards Retention. Human Resource Practices and policies framed by the hospital/ organisation have to properly fit within the types of culture. The implementation of successful Total Quality management involves the appropriate utilisation of OC effectively, which in turn will maintain the turnover rate of the Doctors.

This study began with certain assumptions to develop relationships for retention strategies in each category. These assumptions are related to -

a. The factors of human resource practices towards the doctor's Intention to Leave.
b. The existing organisational culture prevailing and the reason for the doctor's Intention to leave.
c. The professional variables (type of college working, teaching colleges and nature of employment) over the reasons for leaving the current job and searching for a new job in the preceding six months.

### 3.5.1 Propositions for the Study

This study is based on the two underlying propositions. The first fundamental proposition is that certain direct relationships exist among the constructs in this study. The second one is that there are certain indirect relationships, in which one construct influences another construct through mediate constructs and there is a causal relationship among the constructs. The major four propositions were focused on Human resource practices, Organisational culture, and Professional variables towards intention to leave as a latent variable. Once the intention to leave is identified, the strategies for retaining doctors can be formulated.

**P1** **:** There is a significant relationship between human resource practices and policies towards reducing the intention of doctors to leave the institution.

**P2** **:** There is a significant influence among Organisational Culture and a doctor's intention to leave.

**P3** **:** There is a significant association between the variables related to career with respect to the doctors' intention to leave.

**P4** **:** There is a significant difference between a doctor having an intention to leave and not searching for a new job.

The propositions from P1 to P4 helps in understanding the constructs used for measuring the intention to leave the job by doctors which in turn addresses the research objectives of this study i.e., understanding demographic and professional variable, human resource practices factors, OC characteristics, intention to leave and reason for leaving, searching for a new job. These aspects help to identify the framework to sustain the doctors in the same Institutions.

### 3.5.2 Research Hypothesis

The research questions framed keeping these propositions as the guiding principles elucidate the need for understanding the constructs of retention strategies for doctors. To accept these aspects in this study, the researcher has developed various hypotheses explaining the existence

of dependent and independent relationships among various constructs towards the intention to leave.

Proposition P1 discusses the relationship between the factors of human resource practices and intention to leave. The hypothesis $H_0$1 to $H_0$1g was derived through this proposition explaining the existence of significant relationships between human resource factors and intention to leave. The hypotheses are stated as follows:

**H01** **:** There is no statistically significant influence among human resource practices on the intention of Doctors to leave their organisation.

**H01a** **:** Compensation does not significantly influence the intention of employees to leave (their current positions).

**H01b** **:** Work Recognition does not significantly influence the intention of employees to leave (their current positions).

**H01c** **:** Leadership does not significantly influence the intention of employees to leave (their current positions).

**H01d** **:** Relationships with peers do not significantly influence the intention of employees to leave (their current positions).

**H01e** **:** Work Environment does not significantly influence the intention of employees to leave (their current positions).

**H01f** **:** Training and Development does not significantly influence the intention of employees to leave (their current positions).

**H01g** **:** Career Growth and Management does not significantly influence the intention of employees to leave (their current positions).

Similarly, Proposition P2 discusses the relationship between the constructs of organisational culture and the intention to leave. The hypotheses $H_0$2 to $H_0$2f were derived through this proposition explaining the existence of significant relationships between dimensions of organisational culture (Dominant Characteristics, Leadership, Management of Employees, Binding Glue, Strategic Emphases and Criteria for Success) and intention to leave. The hypotheses are given below:

**H02** : There is no statistically significant difference between the four types of organisational culture and employees' intention to leave their present job.

**H02a** : There is no significant difference between dominant characteristics and employees' intention to leave their present job.

**H02b** : There is no significant difference between organisational leadership and employees' intention to leave their present job.

**H02c** : There is no significant difference between the management of employees and the intention of employees to leave their present job.

**H02d** : There is no significant difference between organisational glue and employees' intention to leave their present job.

**H02e** : There is no significant difference between strategic emphasis and employees' intention to leave their present job.

**H02f** : There is no significant difference between the criteria of success and employees' intention to leave their present job.

Proposition P3 discusses the relationship between the doctors' professional variables and intention to leave the present assignment. The hypotheses $H_0$3 to $H_0$3n were derived through this proposition where the existence of significant relationships between variables relating to profession (type of college where the doctor is currently working) and intention to leave the present organisation was explained. The hypotheses are given below:

**H03** : There is no statistically significant difference in reason for leaving their present assignment between doctors working in government colleges and those working in private institutions.

**H03a** : There is no statistically significant difference between the dissatisfaction with earnings over the doctors working in government colleges and those working in private institutions.

**H03b** : There is no statistically significant difference between the lack of annual increments and unhappiness with superiors over the doctors working in government colleges and those working in private institutions.

**H03c** : There is no statistically significant difference between near native place over doctors working in government colleges and those working in private institutions.

**H03d** **:** There is no statistically significant difference between unhappiness on Career Progression over the doctors working in government colleges and those working in private institutions.

**H03e** **:** There is no statistically significant difference between lack of training opportunities over the doctors working in government colleges and those working in private institutions.

**H03f** **:** There is no statistically significant difference between dissatisfaction with policies over the doctors working in government colleges and those working in private institutions.

**H03g** **:** There is no statistically significant difference between the higher pay packet over the doctors working in government colleges and those working in private institutions.

**H03h** **:** There is no statistically significant difference between the promotion strategy over the doctors working in government colleges and those working in private institutions.

**H03i** **:** There is no statistically significant difference between the working hours of their present assignment over the doctors working in government colleges and those working in private institutions.

**H03j** **:** There is no statistically significant difference between starting private practice of doctors over the doctors working in government colleges and those working in private institutions.

**H03k** **:** There is no statistically significant difference between the job dissatisfaction of their present assignment over the doctors working in government colleges and those working in private institutions.

**H03l** **:** There is no statistically significant difference between delayed salaries of their present assignment over the doctors working in government colleges and those working in private institutions.

**H03m** **:** There is no statistically significant difference between upcoming retirements over the doctors working in government colleges and those working in private institutions.

**H03n** **:** There is no statistically significant difference between no intention to leave over the doctors working in Government and Private Medical institutions.

Proposition P4 discusses the relationship between professional variables on intention to leave and steps taken to leave the current organisation. The hypotheses $H_0$4 to $H_0$5f were derived through this proposition explaining the existence of significant relationships between professional variables (employed in Government and Private College) and not searching for a new job. The hypotheses $H_0$4 to $H_0$5f explain the relationship between the types of college the healthcare professional is currently working in and steps taken to leave the present employment. The hypotheses are presented below:

**H04** **:** There is no statistically significant difference in Doctors' who are not searching for a new job between the proportion of doctors working in government colleges and those working in private colleges.

**H04a** **:** There is no statistically significant difference in Doctors' with an intention to leave between the proportion of doctors working in government colleges and those working in private colleges.

**H04b** **:** There is no statistically significant difference in Doctors' applying for a job in the last 6 months between the proportion of doctors working in government and those working in private colleges.

The hypotheses $H_0$5 to $H_0$5f are presented below with its relationship:

**H05** **:** There is no statistically significant difference in steps taken to leave the organisation where they are currently employed and the proportion of doctors working in Government and those working in Private Medical Colleges.

**H05a** **:** There is no statistically significant difference in Doctors applying to other institutions and proportion of doctors working in Government and those working in Private Medical Colleges.

**H05b** **:** There is no statistically significant difference in Doctors applying for a hospital job and proportion of Doctors working in Government and those working in Private Medical Colleges.

**H05c** **:** There is no statistically significant difference in Doctors posting their resumes on job portals and proportion of Doctors working in Government and those working in Private Medical Colleges.

**H05d** **:** There is no statistically significant difference in Doctors being headhunted by another institutions and proportion of Doctors working in Government and those working in Private Medical Colleges.

**H05e** **:** There is no statistically significant difference in Doctors being headhunted by another hospitals and proportion of Doctors working in Government and those working in Private Medical Colleges.

**H05f** **:** There is no statistically significant difference in Doctors being approached by a recruiting agency and proportion of Doctors working in Government and those working in Private Medical Colleges and their intention to leave does not result in the doctors actively taking steps to search for new jobs.

This exploratory study explains the significant relationship among the various constructs over the intention to leave the present employment. Based on these hypotheses, the proposed research model has been designed to address the research problem of this study. The same has been presented in figure 3.1 as the proposed model and as the hypothesised model in figure 3.2 wherein Section 1, Section 2 and Section 3 respectively.

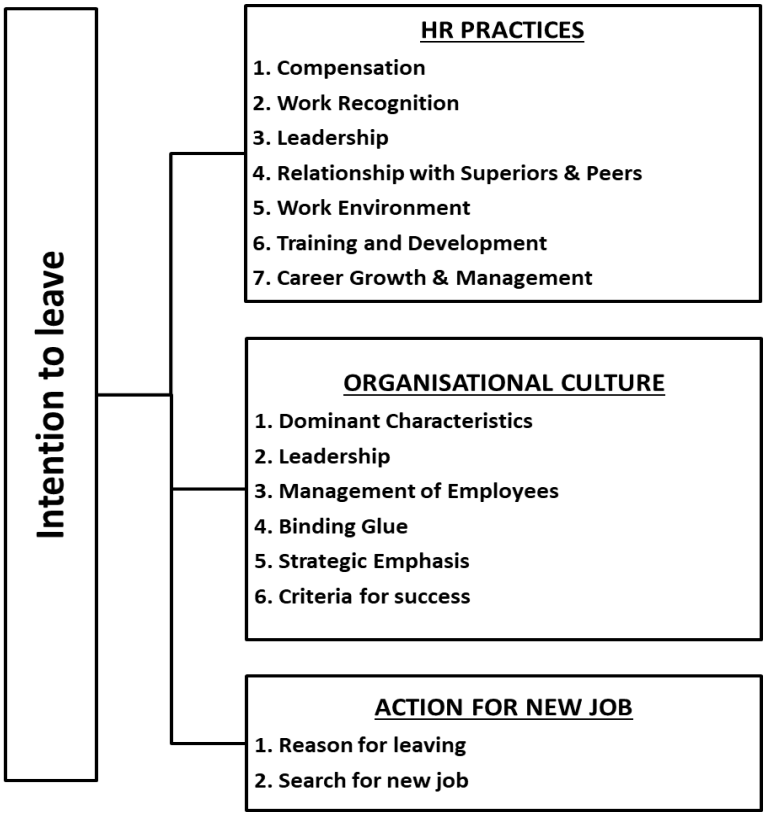
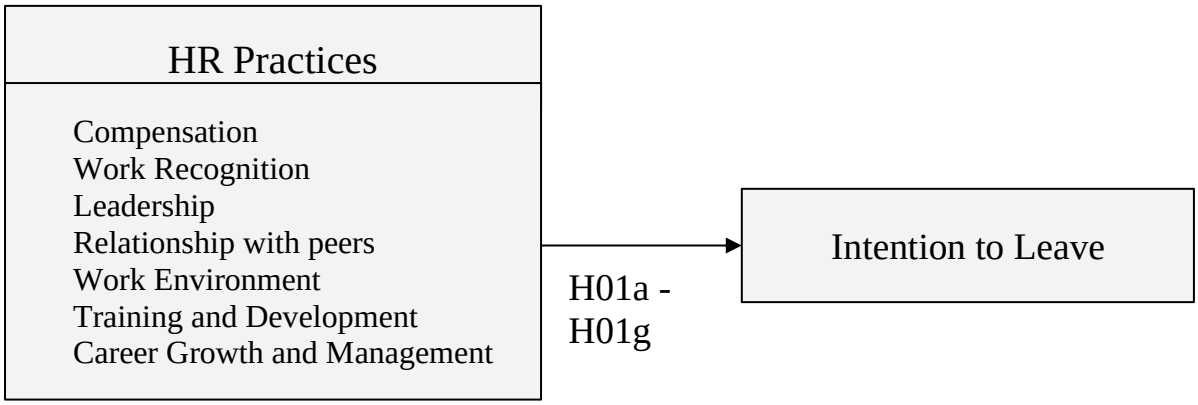



**Figure 3.1: Proposed Model for the Study**

**Section 1**

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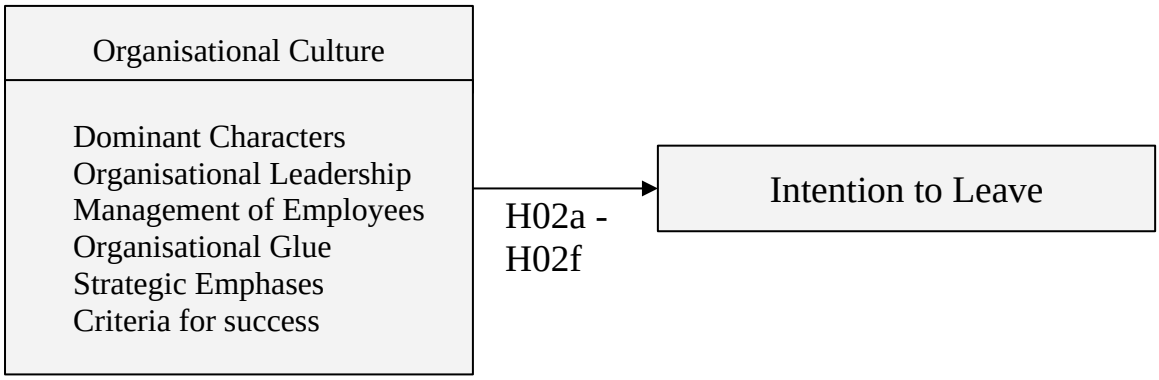


**Section 3**

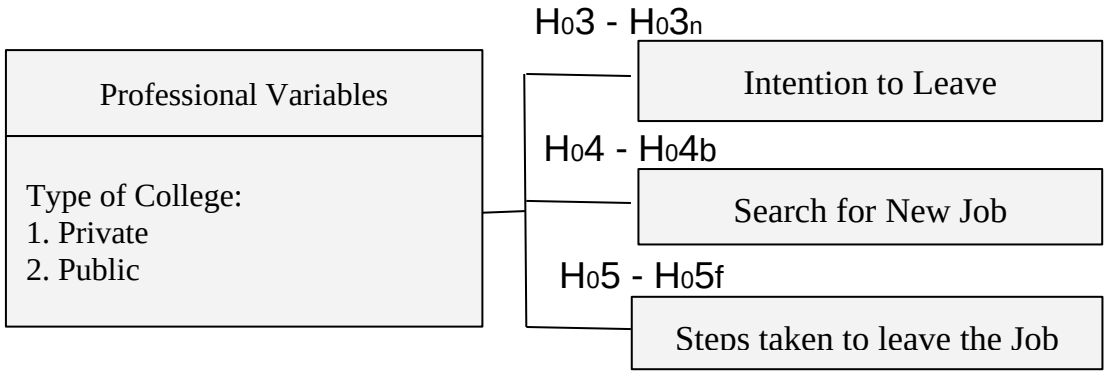


**Figure 3.2 Hypothesis Model for the Study**

## 3.6 Research Questionnaire Design

### 3.6.1 Background on the Operationalization of Constructs

Based on the theoretical assumptions listed in the previous sections, the researcher has defined the constructs for measuring job retention. The constructs included in the human resource practices and organisational culture are represented as independent or exogenous constructs and the intention to leave is the mediate endogenous construct. The independent or exogenous constructs are human resource practices (7 constructs) and organisational culture (6 constructs). Thus, it was hypothesised that these exogenous constructs (HRP and OC) would influence the mediating endogenous (intention to leave) constructs among the Doctors in Tamil Nadu.

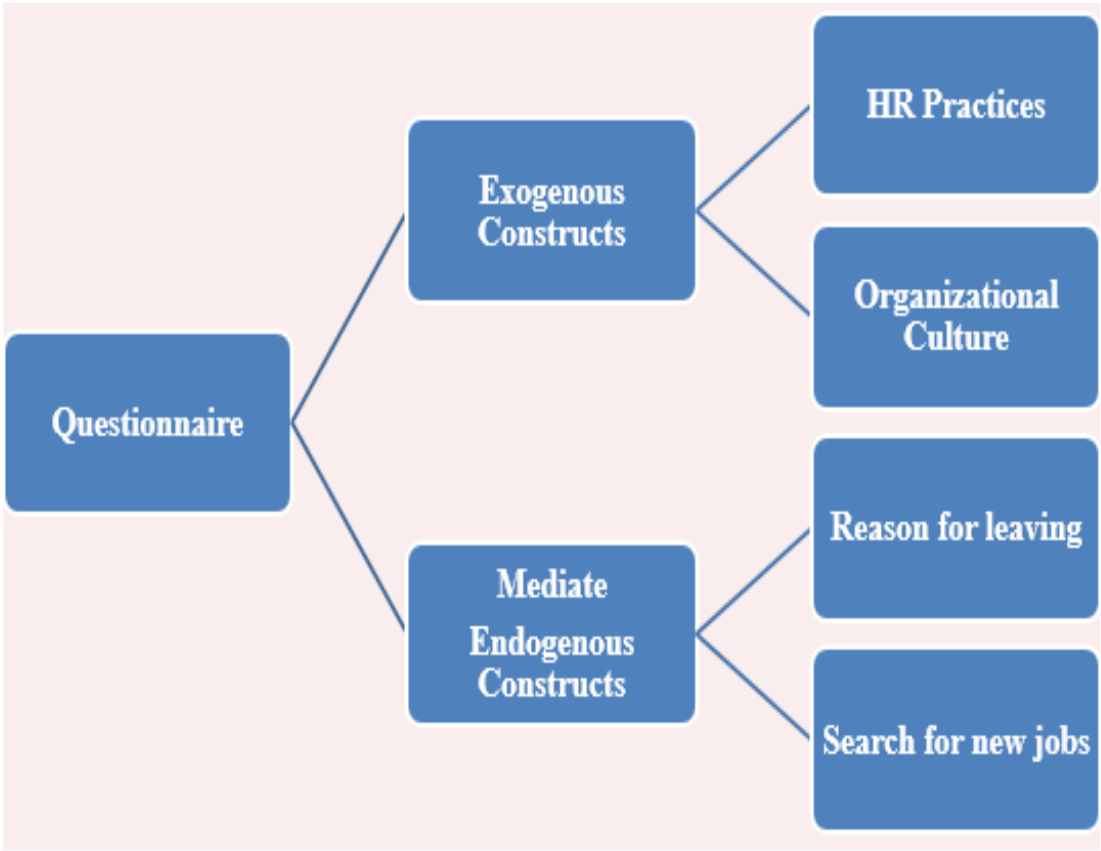


**Figure 3.3 Questionnaire Design**

The questionnaire design is classified into two constructs wherein each construct has two further sub-constructs (Refer Figure 3.3 above)

### 3.6.1.1 Exogenous Constructs

This exploratory study explains the several exogenous constructs for measuring the retention strategies of the Doctors. The exogenous constructs are human resource practices and organisational culture.

#### 3.6.1.1.1 Human Resource Practices

Human Resource Practices (HRP) are the practices mainly focusing on acquiring/ hiring, training, developing, staffing, organising, directing, communicating and compensating the employees in any organisation/institution/hospital. Apart from this, Human Resource Practices involve the framing of policies relating to workforce management and its successful retention in the organisation. A Likert 5-point scale was used to measure the sub-constructs of the HRP.

The sub-constructs are explained below:

***Compensation and Work Recognition:*** Under this parameter, the emphasis is on the monetary and non-monetary benefits of employees and their families which includes remuneration, perks and incentives, leave facilities and work recognition including praise and accolades. When the Human Resource Department considers these parameters for doctors while framing the HR policies, which may also include time and benefits, will certainly motivate doctors concerning long-term commitment to service to their organisation.

***Relationship with Superiors and Peers:*** Relationship with superiors involves clear communication where the ideas, progress and challenges can be articulated, a better understanding of roles and responsibilities, maintaining professionalism, respecting hierarchy and building trust. Relationship with peers involves fostering a collaborative environment, offering support and empathy, resolving conflict diplomatically, communicating effectively and building professional networks with the peer group. A friendly approach towards colleagues and students is an essential ingredient to maintaining good rapport. This coupled with a good appraisal and feedback system between doctors, students, and management is very important for the HR policies which in turn influences the decision of the doctors to remain in their present organisation.

***Work Environment:*** In a hospital, the work environment for doctors is essential and demanding. Doctors operate in various settings and collaborate with multidisciplinary teams. They often face long hours, high stress, and the need for quick decision-making. Therefore, advanced medical equipment, electronic health records and communication systems will enable them to work at ease. The hospital must consist of updated or well-equipped infrastructure and premises accompanied by freedom to work and management support for research activities which will enable the doctors to achieve more in their careers. If they are not secure and comfortable in the working environment, doctors will prefer to migrate to other institutions or overseas.

***Training and Development:*** Doctors in a medical college hospital are supported in their professional growth with the latest medical knowledge by aligning training and development with HR policies. Training and development include needs assessment, orientation programs, continuous medical education, specialised training, leadership development, mentorship programs, performance reviews, research and publications, online learning platforms, financial support and feedback mechanisms. Human Resource Policies play a pivotal role in designing effective training and development programs. The training is focused on job enlargement/enrichment which helps develop the knowledge and skills of doctors in their respective areas. Skills labs, simulation labs and the use of artificial intelligence form an important ingredient to augment training and development. Hence, doctors can be motivated to perform more consistently in their institution when accompanied by adequate state-of-the-art, training and development.

***Career Growth and Management:*** Career growth in medical college hospitals consists of a continuous process of education, specialisation and adaptation to various roles. A commitment to lifelong learning and excellence in patient care and a willingness to take up leadership responsibilities is required to ensure the success of the healthcare organisation. The appraisal system, promotions based on merit and flexible work schedules help the employees towards career growth. This ensures a supportive management policy for their job security. Conflict management and grievance redressal mechanisms must be strengthened so that the HRP will be strong enough to support the doctors. If HRP fails in clear succession planning, then doctors may not wish to continue working in the current organisation and may find reasons to leave.

**Operational Definition of HRP**

| Constructs | Definition |
|---|---|
| **Compensation and work recognition** | From the HR practices point of view, compensation is a very important factor for employees to stay in the organisation. Different studies showed a relationship between compensation and different types of benefits with employee turnover (Bhutta et al., 2021; Karn, Sapkota, Karna, & Rafiq, 2020; Zreen, Farrukh, & Kanwal, 2020).<br>Compensation is the dominant HR practice, with the overriding principle that the policy of total compensation, including recognition, benefits and the psychological contract, should be aligned according to corporate goals, with a clear line of sight from the individual's actions to the rewards for achieving these goals (Tyson, 2006)<br>Recognition received from supervisors plays a role in motivation for information technology employees. It gives a feeling to employees that the organisation considers them a valuable asset of the organisation (Langove & Isha, 2017) |
| **Relationship with Superiors and Peers** | Nowadays, employees have to work on complex work assignments. Employees have to spend more time in the office than prescribed office timing (Rafiq & Chin, 2019). This situation needs more interpersonal relationships with colleagues and supervisors.<br>Scanlan, Meredith, and Poulsen (2013) argued that feedback from supervisors increases the affective commitment of employees. Praise for good employee performance on the job and feedback increases employee loyalty to the organisation. |
| **Work Environment** | Kalidass and Bahron (2015) argued that the work environment has different characteristics such as employee involvement in important decisions that can affect work.<br>George (2015) an environment conducive to employee retention is |

| | |
|---|---|
| | one where the working experience is a pleasant one, the resources are adequate and there is some degree of flexibility. |
| **Career growth and management** | Promotion is an appreciation of employee performance on the job that results in increased salary, status, added responsibilities. Employees observe promotion as the attainment of high performance and source of advancement in their career (Jones, 2012). |
| **Training and Development** | Training is a scientific approach to enhance knowledge and improve the skills of employees to increase organisational efficiency (Javed et al., 2012). Training is an important component of HR practices. Employee training is a key issue that affects performance on the job (Rehman et al., 2011).<br>Training is the process whereby people acquire capabilities to aid in the achievement of organisational goals. Training helps employees to achieve a basic role competency and do their work in acceptable ways. It imparts knowledge and provides experience in use of skills that are of immediate value on the job. It helps employees meet role expectations. If employees are well trained, they can provide better services (Rogers, 2003) |

### 3.6.1.2 Organisational Culture

The Organisational Culture Assessment Instrument (OCAI), developed by Kim Cameron and Robert Quinn was included as part of the overall questionnaire used for assessing organisational culture in this study. The six dimensions of OCAI are-

***Dominant characteristics:*** The institution/hospital/college is a personal place, a dynamic and entrepreneurial place, to be a competitive place to achieve results. Finally, it is a very well-controlled and structured place to work.

***Leadership:*** Leadership parameters highlight the qualities of leadership styles. The leaders play the role of mentors, coordinators, organisers, facilitators, innovators and entrepreneurs to motivate the workers towards achieving the vision and mission of the hospital.

***Management of employees:*** Management style involves making an effort to work in teams, forming consensus, participation of staff, facilitating risk-taking as well as encouraging freedom, uniqueness, creativity and hard work at the job. The management also encourages employees to be competitive, achieve goals, secure employment, ensure conformity and maintain a stable relationship.

***Binding Glue:*** It is an instrument which brings the organisation and employees together through loyalty, mutual trust, and commitment. It also holds together innovation, development and goal accomplishment.

***Strategic emphases:*** The College emphasises human development, employee trust, transparency, participation, competitive actions and achievement. The emphasis is on acquiring new talents and creating new challenges and opportunities for new faculty. The College concentrates on permanency, stability, efficiency, control and smooth running.

***Criteria for success:*** The College measures its success based on the development of human resources, teamwork, employee commitment, concern for people, and new and creative methods of teaching. It also assesses success in terms of winning the marketplace by outpacing the competition through a competitive leadership style. Success can be defined in terms of efficiency through proper delivery of education, proper scheduling of services and low cost of both teaching and treatment for the public.

For all the above six key dimensions of the organisation culture, each dimension has four statements namely A, B, C, and D, against which the evaluation of the organisation is performed under the “Ideal and Present rank”.

**Operational Definition of OCAI (Williams et al. 2020)**

| Constructs | Definition |
|---|---|
| **Dominant Characteristics** | The shared personal information akin to an extended family; dynamic entrepreneurial state with individual employees taking risks; getting the job done through competitive achievement orientation; highly formal and control-oriented structure. |
| **Organisational Leadership** | Mentoring, facilitating and nurturing leadership; entrepreneurial, innovative and risk-taking; no-nonsense, aggressive results-orientated; coordinating, organising and smooth-occurring efficiency. |
| **Management of Employees** | Teamwork, consensus and participation; individual risk taking, innovation, freedom and uniqueness; hard-driving competitiveness and achieving; security of employment, conformity, predictability and stability of relationships. |
| **Organisational Glue** | Loyalty and mutual trust, and commitment to organisational achievement; commitment to organisational innovation and development; organisational goal attainment; formality of rules and policies and smooth operations. |
| **Strategic Emphases** | Human development and high trust; acquiring new resources, creating new challenges and opportunities; competitive winning in the marketplace; permanence and stability, efficiency, control and smooth operations. |
| **Criteria of Success** | Development of human resource, teamwork, commitment and concern for people; product innovation and leadership, and market innovation; winning in the marketplace, competitive leadership; efficiency, dependable delivery, smooth scheduling and low-cost production. |

**Operational Definition of Organisation Culture & Retention**

| Constructs | Definition |
|---|---|
| **Organisation Culture** | Stated values, unwritten rules, mission statement, communication networks, leadership behaviour, how people are rewarded and accountable and the work design systems all play a role in forming an organisational culture (Mulligan, 2001) |
| **Retention** | Employee retention is the ability to keep employees within an organisation for a longer period of time. Talent retention is of critical importance for companies shifting from start up to fast growth. Keeping the best people closest to the organisation's core competencies is important. The purpose of retaining employees is to avoid turnover costs. Organisation must retain the people who perform and have competencies and skills that match the business' core talent needs (Zingheim et al., 2009) |

## 3.6.1.2.1 Mediate Endogenous Constructs

The retention strategies model has highlighted the mediating role of intention to leave in shaping job retention factors for doctors. If they have the intention to leave their present employment suddenly, the work burden will need to be transferred to another doctor and patient care may be affected. The quality of service provided by the institution may also start declining and the retention rate will begin to decline. If the intention to leave is analysed before framing the retention strategies, it will help the Human Resource Practices to draft policies accordingly to retain the Doctors.

***Reason for Leaving:*** To arrive at the retention factors of the Doctors, the main reason for the intention to leave has to be identified. It can be related to remuneration, dissatisfaction with the job, no scope for career growth, lack of training, no proper promotions and incentives, unhappiness with peers, proximity of workplace and no proper policies of HR. Once the reasons

for leaving are identified, the management can prevent the Doctors from migrating to another institution by making appropriate changes towards ensuring their retention.

***Search for new jobs:*** Next to, "reason for leaving", the management can assess the variables for "job search" by the doctors. Doctors look for new jobs due to personal commitments, career development, higher remuneration and other aspects which may be better in other institutions/hospitals. These helps correlate with their profiles and help the organisations retain them by providing such aspects when possible.

### 3.6.2 Questionnaire Development

Through the review of literature, the antecedents from different categories like human resource practice, and organisational culture towards intention to leave the job were identified. Based on this, the objectives of this study, and the hypothesis of this research were framed. This study has adopted descriptive research design because it has considered appropriate variables to establish its aim and relationships between the 90 variables [OCAI-24 variables (6*4) + HRM-66 variables (5*12+6)] selected in this study.

The survey method was used to collect the raw data with a well-structured questionnaire and the instrument for data collection was developed from the scale items existing in literature. The primary data was collected through a survey form and the Likert, five-point scale ranging from 1 (strongly disagree) to 5 (strongly agree) was followed for each of the scale items identified for measuring the constructs in the study. Table 3.1 details the number of items under each construct. The first 6 constructs used OCAI, developed by K. Cameron and Robert Quinn (2011).

Following the development and validation of the questionnaire, a pilot test was conducted and adjustments were made for easier comprehension of the questionnaire by the participants. The finalised questionnaires were distributed to the teaching doctors of the colleges selected via hard copy. All efforts were taken to work with the administration of the colleges to ensure maximum participation by obtaining government permission through a GO (refer to annexure 5), and authorising deans of the various medical colleges to facilitate data collection. Apart from this individual consent from the respondents was also obtained. Table 3.1 lists the constructs that make up the research study carried out. The first column is the serial number. The second column gives the name of the construct. The third column gives the source

of the scale used in the study, and the last column gives the number of questions in the questionnaire against each construct.

The Organisational Culture Assessment Instrument (OCAI) referred to in Table 3.1 was developed by Cameron and Quinn (2011) and is used in this study. The purpose of the OCAI is to assess six key dimensions of organisational culture (Sl. No 1 to 6 in Table 3.1). These six dimensions are listed as the constructs in Table 3.1. The developers of this tool are named in the table, and the questions they have used in their tool are carried into this study without dropping any of them.

The OCAI tool has four (4) questions for each construct. The developers of the OCAI tool have identified four types of culture. In the study that follows, the researcher examines whether organisational culture discovered through this instrument is a determinant of the intention to leave.

**Table 3.1: Number of Items Under Each Constructs and Sources of Scales**

| S. No | Constructs | Scale Used | No. of items |
|---|---|---|---|
| 1 | Dominant Characteristics | OCAI, developed by K. Cameron and Robert Quinn, 2011 | 4 |
| 2 | Leadership | | 4 |
| 3 | Management of Employees | | 4 |
| 4 | Binding Glue | | 4 |
| 5 | Strategic Emphases | | 4 |
| 6 | Criteria for Success | | 4 |
| 7 | Compensation and Work Recognition | Developed by Researcher | 12 |
| 8 | Relationship with Superiors and Peers | | 12 |
| 9 | Work environment | | 12 |
| 10 | Training & Development | | 12 |
| 11 | Career Growth and Management | | 12 |
| 12 | Intention to Leave | | 6 |
| **Total Variables** | | | **90** |

The OCAI constructs from 1 to 6 given table 3.1 above were developed by Cameron and Quinn whereas those constructs given from 7 to 12 were developed by the researcher for this study.

Based on the review of the literature, the researcher identified six (6) key constructs that make up the HR practices in an organisation. From this, the researcher developed his questionnaire to elicit information from the respondents for each of the constructs identified by him. The study will test which of these constructs are applicable and determine the intention to leave. The identified constructs are:

Employee Compensation and Work Recognition (Sl. No. 7 in Table 3.1) is the monetary benefits received by an employee from the employer in exchange for the time, effort and work put in by him/her for the employer. For collecting the data, the questionnaire addresses not only monetary compensation but also details of non-monetary rewards. Work recognition is considered as the appreciation and acknowledgement that is shown by the employer to the employee for the contributions made for the benefit of the organisation. The researcher framed twelve (12) questions to receive input on this construct from the respondents.

Relationship with Superiors and Peers (Sl. No. 8 in Table 3.1) is exemplified by the way of the interaction that happens between the employee and his/her colleagues. Here, colleagues mean the shoulder-level employees (peers), supervisors and subordinates. The researcher framed twelve (12) questions to receive input on this construct from the respondents.

Work environment (Sl. No 9 in Table 3.1) refers to the settings, situations, conditions, and circumstances under which people work. (Oludeyi, 2015, p 33). Here, the thrust is to study the physical settings and psychological support that employees get in their work from the organisation. The researcher framed twelve (12) questions to receive input on this construct from the respondents.

Training and Development (Sl. No 10 in Table 3.1) is the 'teaching of specific knowledge and skills required on the individual's present job.' Development refers to the 'growth of the individual and preparations for higher-level jobs.' (Kirkpatrick, 1993). The researcher seeks to find the training and development opportunities and the types of inputs available to them from the respondents, through a set of twelve (12) questions prepared by him.

Career Growth and Management (Sl. No 11 in Table 3.1) is considered the way by which the organisation charts the employees' progress within the organisation, addressing the growth opportunities and management of the present role. The researcher framed twelve (12) questions to receive input on this construct from the respondents.

Intention to leave (Sl. No 12 in Table 3.1) is the dependent variable in the study. Broadly, the intention to leave is the reflection of the internal plan in the thoughts of an employee to leave the current place of work and seek employment elsewhere in another organisation. To assess the intention to leave, the researcher has created six (6) questions to receive this input from the respondents.

Since the questionnaire for extracting the response of HR practices would be used along with the determined organisation culture to assess the relationship between the intention to leave and the HR practices, the researcher has recorded that the scale is developed by him.

## 3.7 Data Collection Process and Sampling

To recognize the constructs involved in the retention factors of the Medical Doctors, a study was conducted using the Simple Random, Stratified sampling and Lottery method. Data for this study was collected from all over Tamil Nadu Medical Colleges including both Government and Private Institutions. The major backbone of this study lies in the fact that the data was collected in real-time from working medical doctors from 11 private and 3 government colleges which were involved in teaching and research activities. Fig. 3.1 illustrates the data collection process.

To ensure that only doctors who would be involved in teaching activities or have job responsibilities that required academic work, the exclusion criteria were set to exclude all registrars and interns who would be primarily involved in clinical work with very little to no academic responsibilities as per their job descriptions. Thus, the inclusion criteria were defined as professors, associate professors and assistant professors. The criteria for data selection of the faculty were

**Inclusion criteria**- Clinicians of Professor (or) Associate Professor (or) Assistant Professor grade as specified by their organisations.

**Exclusion criteria**- Clinicians of Registrar grade or Medical Interns as specified by their organisations.

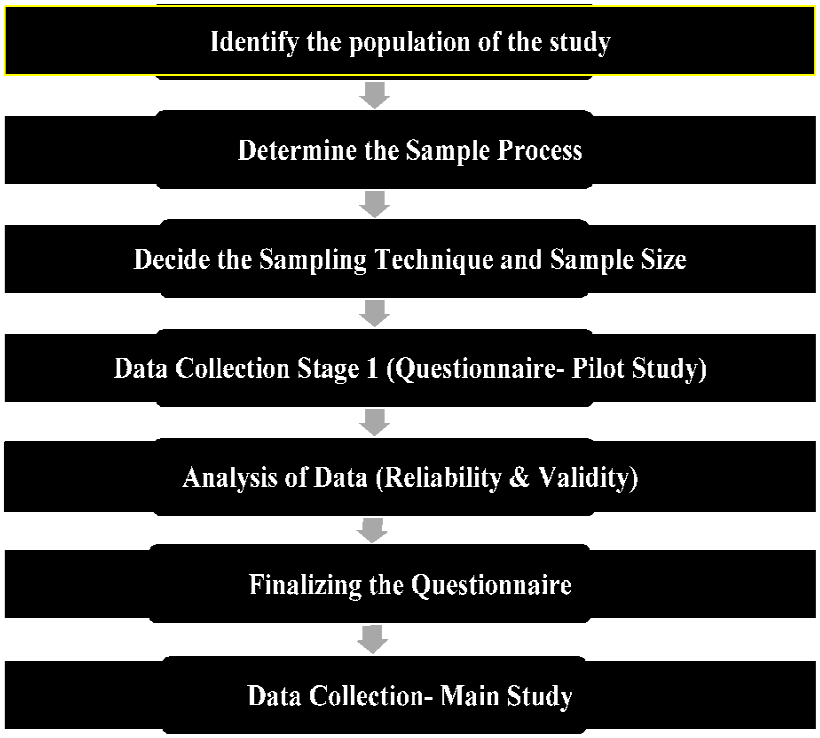


**Figure 3.4: Data Collection Process**

For the data collection process, the researcher followed the seven-steps as mentioned in the figure 3.4 above.

**Table 3.2: Key Elements of Data Collection**

| | |
|---|---|
| **Target Population Units** | Medical Doctors in Tamil Nadu<br>Government and Private Medical Colleges |
| **Sampling Technique** | Stratified Random Sampling and Lottery Method |
| **Sample Size** | Pilot Study: 97 |
| | Main Study: 517 |

Table 3.2 details of the target population, the sampling technique adopted, and the sample size achieved in this study. For selecting the samples, considering the two types of colleges in vogue, the researcher has proposed to stratify the colleges according to the ownership type, and from within this stratification, randomly the required number of colleges

would be drawn from each stratum. From within each selected college respondents would be drawn, randomly. This approach is recorded in Table 3.2 row 2 as Stratified Random Sampling (SRS) as the sampling technique that would be used in this study. The colleges to be studied and the participants in this study (from the randomly selected colleges) are drawn randomly from each set, using the lottery method, and this is recorded in Table 3.2, row 2.

Before starting the full-fledged study, the researcher carried out a pilot survey to understand how the questionnaire was received, understood, and filled in by respondents. The pilot survey was done by administering the questionnaire to 97 respondents. After the pilot study, the questionnaire was distributed to the selected participants, and the responses were collected. The total number of responses that are complete in all nature (517) and acceptable to the researcher to carry out the intended statistical analysis is given in Table 3.2, row 3.

## 3.7.1 Sampling Design and Sample Size

In the research study, the list of doctor-faculty names was considered as the sampling frame. This was initially collected from the MCI web-site and verified by back-checking with each of the college authorities at the time of sampling. Based on the inclusion criteria, as the samples were collected across a stratum of different designations/cadres, the sampling method was identified as stratified sampling.

Stratified sampling is used to obtain a representative sample from a population that has relatively similar subpopulations (strata). This helps ensure that specific subgroups are present in the samples obtained. It also helps obtain precise estimates of each group's characteristics. This method can help understand the differences between subpopulations better.

### Stratification according to College Type

Out of the total 50 medical colleges in Tamil Nadu, 25 are in the private sector and 25 in the government sector (Refer Table 3.3). The count of the medical colleges in Tamil Nadu, which forms the population for the study.

**Table 3.3: Number of Medical Colleges in Tamil Nadu Based on Ownership**

| College Type | Frequency |
|---|---|
| Private | 25 |
| Government | 25 |
| **Total** | **50** |

Initially, the entire population of teaching-doctors/faculty, of different designations was divided into homogenous groups based on standardised designations which comprised the strata. Then, random samples were drawn from each stratum and combined to form the complete representative sample of each stratum. Concerning proportions, as the total numbers of each stratum could not be identified before sample size calculation, a disproportionate method of stratified sampling was employed.

Table 3.4 gives the distribution of doctors in different Government Medical Colleges respectively. Based on statistics obtained from the organisations, it was identified that there are 11194 doctors in 25 government institutions.

Table 3.5 gives the distribution of doctors in the different Private Medical Colleges respectively. Based on statistics obtained from the organisations, it was identified that there are 16017 doctors in 25 private institutions.

**Table 3.4: Tamil Nadu Government Medical College List**

| S. No. | Hospital Name | No. of Faculty |
|---|---|---|
| 1 | Theni Government Medical College, Theni | 262 |
| 2 | Government Thiruvannamalai Medical College | 390 |
| 3 | Government Sivagangai Medical College, Sivaganga | 246 |
| 4 | Kanya Kumari Government Medical College, Asaripallam | 371 |
| 5 | Government Medical College, Pudukottai, Tamil Nadu | 231 |
| 6 | Rajah Muthiah Medical College, Annamalainagar | 388 |
| 7 | Thanjavur Medical College,Thanjavur | 111 |
| 8 | Government Villupuram Medical College, Villupuram | 383 |
| 9 | Government Dharmapuri Medical College, Dharmapuri | 374 |
| 10 | Chengalpattu Medical College, Chengalpattu | 328 |
| 11 | Thoothukudi Medical College, Thoothukudi | 582 |
| 12 | Thiruvarur Govt. Medical College, Thiruvarur | 241 |
| 13 | Madras Medical College, Chennai | 1549 |
| 14 | Government Vellore Medical College, Vellore | 287 |
| 15 | Government Medical College & ESIC Hospital, Coimbatore | 268 |
| 16 | Government Medical College, Omandurar | 402 |
| 17 | Madurai Medical College, Madurai | 696 |
| 18 | Kilpauk Medical College, Chennai | 498 |
| 19 | Coimbatore Medical College, Coimbatore | 398 |
| 20 | ESI-PGIMSR, ESI Hospital, K.K Nagar, Chennai | 323 |
| 21 | Tagore Medical College and Hospital, Chennai | 681 |
| 22 | Employees State Insurance Corporation Medical College, Coimbatore | 10 |
| 23 | Stanley Medical College, Chennai | 828 |
| 24 | K A P Viswanathan Government Medical College, Trichy | 546 |
| 25 | Tirunelveli Medical College, Tirunelveli | 756 |
| **Total** | | **11149** |

**Table 3.5: Tamil Nadu Private Medical College List**

| S.No. | Hospital Name | No. of Faculty |
|---|---|---|
| 1 | Ponnaiyah Ramajayam Institute of Medical Sciences, Manamai-Nellur | 226 |
| 2 | Dhanalakshmi Srinivasan Medical College and Hospital, Perambalur | 568 |
| 3 | Chennai Medical College Hospital and Research Centre, Trichy | 624 |
| 4 | Sri Muthukumaran Medical College, Chennai | 632 |
| 5 | D.D. Medical College and Hospital, Tiruvallur, Chennai | 288 |
| 6 | Christian Medical College, Vellore | 1322 |
| 7 | Sri Ramachandra Medical College & Research Institute, Chennai | 906 |
| 8 | Karpaga Vinayaga Institute of Medical Sciences, Maduranthagam | 406 |
| 9 | ACS Medical College and Hospital, Chennai | 681 |
| 10 | SRM Medical College Hospital & Research Centre, Kancheepuram | 574 |
| 11 | Sree Balaji Medical College and Hospital, Chennai | 1379 |
| 12 | Meenakshi Medical College and Research Institute, Enathur | 1269 |
| 13 | Chettinad Hospital & Research Institute, Kanchipuram | 972 |
| 14 | Saveetha Medical College and Hospital, Kanchipuram | 472 |
| 15 | Shri Satya Sai Medical College and Research Institute, Kancheepuram | 627 |
| 16 | Annaii Medical College and Hospital, Pennalur, Kanchipuram | 207 |
| 17 | Madha Medical College and Hospital, Thandalam, Chennai | 521 |
| 18 | Melmaruvathur Adiparasakthi Instt. Medical Sciences and Research | 688 |
| 19 | Velammal Medical College Hospital and Research Institute, Madurai | 723 |
| 20 | Sree Mookambika Institute of Medical Sciences, Kanyakumari | 369 |
| 21 | Annapoorna Medical College & Hospital, Salem | 638 |
| 22 | Karpagam Faculty of Medical Sciences & Research, Coimbatore | 556 |
| 23 | Mohan Kumaramangalam Medical College, Salem | 476 |
| 24 | PSG Institute of Medical Sciences, Coimbatore | 538 |
| 25 | Vinayaka Missions Kirupananda Variyar Medical College, Salem | 355 |
| **Total** | | **16017** |

## Sample Size Calculation

Using the above statistics, the sample size was determined by calculating the rate of error followed by the sample size. In order to calculate the standard error, the formula for sample size calculation was employed as follows

$$n= [z^2 \times p \times (1-p)] / c^2$$

where,

p is the population proportion expressed in decimals

z is the z score proportionate to the confidence level selected

c is the margin of error expressed as decimals

n is the sample size

Based on this formula, we substituted the following values to obtain the sample size for private and government colleges

### Government and private colleges

p= 60% (it was assumed that 60% of the total workforce of doctors may be designated as per the inclusion criteria; decimal equivalent 0.6)

z= 1.96 (z value equivalent of confidence interval 95%)

c= 0.04 (error of 4% converted to decimal equivalent)

$$n= (1.96)^2 \times 0.6 \times (1-0.6) / (0.04)^2 = 576.24 \approx 576$$

Based on this, it was determined that 576 samples from the doctors falling within the inclusion criteria need to be collected from the total sample of colleges selected previously as per lottery selection.

Finally, the list of colleges selected for this study in Tamil Nadu is given in Table 3.6. This list consists of the name of the college and samples collected from each college are mentioned in Table 3.6.

**Table 3.6: List of Colleges in Tamil Nadu Taken for the Study**

| Colleges | Sample Size |
|---|---|
| Christian Medical College | 80 |
| Thiruvannamalai Govt. Medical College | 59 |
| ACS Medical College | 39 |
| Karpaga Vinayagar Medical College | 29 |
| SRM Medical College | 37 |
| Ramachandra Medical College | 62 |
| Muthukumaran Medical College | 38 |
| Annapoorna Medical College | 38 |
| Vinayaka Missions Medical College | 62 |
| Adhiparasakthi Medical College | 15 |
| Govt. Theni Medical College | 58 |
| **Total** | **517** |

Table 3.6 above represents the total sample size of 517 from 11 Medical Colleges in Tamil Nadu. Out of 11 Colleges 9 are Private Medical Institutions and 2 are Government Colleges such as Thiruvannamalai Govt. Medical College and Govt. Theni Medical College. The other 9 colleges are Private.

## 3.7.2 Approach to Data Collection Process

The finalised questionnaire after the pilot study was circulated among the stratified sampling group of Private and Government colleges selected under the lottery method. The questionnaires were circulated to 576 Medical Doctors from 11 private and 3 government colleges in Tamil Nadu. 517 Medical Doctors from 9 private and 2 medical colleges responded to the questionnaires. This quantitative approach in collecting this larger sample size was analysed using statistical techniques.

## 3.8 Data Analysis and Statistical Techniques

The Statistical tools of parametric and non-parametric tests which were applied to explain the relationship of constructs (HRP and OCAI) towards intention to leave are presented in Table 3.7. The techniques and statistical tools applied to the collected data are mentioned in row 1. The second row explains the purpose of applying every technique through the software IBM SPSS version 21 in the third row. This is followed by the Hypothesis for the statistical tools applied in the fourth row.

**Table 3.7: Summary of Statistical Tools Used**

| Technique | Purpose for Applying | Software Used | Related Hypothesis |
|---|---|---|---|
| Descriptive Analysis | To describe the sample and summarise the collected data | IBM SPSS version 21 | Not Applicable |
| Inferential Analysis | It is an evidence to support the inference or conclusion | | Not Applicable |
| Cronbach's alpha | To check the reliability and validation of the constructs | | Not Applicable |
| Exploratory Factor Analysis (EFA) | Applied for the variables of HRP | | Not Applicable |
| Multiple Linear Regression | To establish a relationship between HRP and the intention to leave | | $H_0$1- $H_0$1g |
| Kruskal Wallis & Mann Whitney U test | To know the determinants of OC over the intention to leave | | $H_0$2 – $H_0$2f |
| z-test & chi-square test | To find out the relationship between professional variables and intention to leave, steps taken for a new job | | $H_0$3 – $H_0$3n<br>$H_0$4 – $H_0$5f |

### 3.8.1 Data Preparation and Preliminary Data Analysis

Data preparation included the procedure of handling the missing values, verifying the inaccuracies, and inconsistent data, cleaning, coding, and tabulating the data to proceed for further analysis. In the initial stage of analysis, the descriptive statistics, frequency distribution,

bar diagram and charts were done to bring out the trends in the data. Regression and correlation matrix helped understand the basic relationship between variables.

For preliminary analysis of the study, the researcher collected the demographic details of Medical Doctors in Tamil Nadu. These demographic details helped understand the personal background of the Doctors which included age, qualification, income, gender etc.

For the professional variables, the researcher collected information on the nature of employment, name of teaching colleges, experience, and designation.

Both demographic and professional variables are essential towards identifying the factors and the relationships between the factors towards the retention of doctors.

#### 3.8.1.1 Age of the Respondents

Age is one of the important aspects in the Demographic variables. Different age groups of people possess different attitudes towards the intention to leave the organisation. As the age increases, the retention rate may increase or decrease. It depends on the attitude and perception of the doctors towards their profession.

#### 3.8.1.2 Gender of the Respondents

Gender is an important aspect of the study and gives a spread of the genders involved in the study.

#### 3.8.1.3 Marital Status of the Respondents

Marital status indicates the status of married, unmarried and single. The marital status of the Doctor may affect their residential status which may require them to seek work closer to their places of residence/home town. Hence, marital status has a strong relationship with the retention factors of the Doctor.

#### 3.8.1.4 Family Type of the Respondents

Family type includes the scale of joint family, nuclear family, single parent and not willing to say. The employees' family nature is important as they would want to avail the available facilities for their family members too. These benefits are ad-on values for HRP to retain the employees in the respective organisation. These benefits include post-retirement also.

#### 3.8.1.5 Highest Degree Obtained by the Doctors

Highest degree obtained by the doctor indicates the number of doctors who have pursued higher studies of various knowledge and skill levels.

#### 3.8.1.6 Subjects Taught by the Doctors

Subjects taught by the doctors give information about the various subjects' doctors have to teach in teaching hospitals connected to medical colleges.

#### 3.8.1.7 Type of the College of the Respondents

The type of medical college is an important factor while we addressed the objective of this study Medical College and the hospital attached falls under the category of State Government and Private Medical Colleges.

#### 3.8.1.8 Employment Type of the Respondents

The type of employment of doctors has a great influence on their being retained in the same hospital. A permanent employee will stay for a long term usually till transfer or promotion arises. Private employees also stick to the same hospital but retention rate cannot be predicted and finally, contract basis respondents' chances are more prone to shift organisations after the contract period is over. The employee's need for better perks and benefits in other institutions/ hospitals is a major reason to leave.

#### 3.8.1.9 Name of the Teaching Colleges of the Respondents

The Respondents indicate the spread of private and government medical colleges that were sampled for the study and the respective doctors from each college

#### 3.8.1.10 Designation of the Respondents

Designations of the respondents are a recognition of the service rendered to patients in the hospital. Recognition will increase the motivation to continue their work in the same institution. Designations like the Director, Dean, and Head of the Department are additional responsibilities for the doctors. The recognition can be in the form of awards, appreciation and bonuses. When they are duly recognized their intention to leave may change. Hence, the sample size might differ in this category.

#### 3.8.1.11 Specialisation of Doctors

Specialisation of doctors indicates the spread of doctors who have selected different specialties and super specialities in the area of their interest and in their pursuit of knowledge and skills in different branches of medicine and surgery.

#### 3.8.1.12 Clinical Experience of Doctors

Clinical experience of the doctors is an imp indicator, and it shows the years of experience that the sampled doctors have put in post qualifications. It shows the spread of the sampled doctors.

#### 3.8.1.13 Teaching Experience of Doctors

Teaching experiences of the doctors is another aspect of the study. It shows the years put in for teaching a subject in the respective medical college.

#### 3.8.1.14 Utilisation of Annual Leave of the Respondents

The respondents are eligible to avail of annual leave from the institution. The leave facilities encourage doctors to work in their respective organisations. If they are denied or not given permission to avail of the leave facilities, then it is difficult for them to continue in the same organisation.

### 3.8.2 Reliability and Validity Analysis

Discriminant validity is applied to establish the distinctiveness of the constructs. It shows whether constructs in the study are not too highly correlated with other constructs (HRP factors are interrelated). Reliability is the extent to which a measure consistently produces stable and accurate results over time. Based on the observations, through reliability and validity tests, the researcher concludes that the identified 8 factors are reliable and are internally consistent.

### 3.8.3 Exploratory Factor Analysis (EFA)

KMO and Bartlett’s Test of Sphericity are prerequisites of factor analysis. The KMO and Bartlett's Test confirm whether the data is perfect for factor analysis and the value is less than 0.05. Exploratory factor analysis (EFA) is a statistical technique used to identify the underlying structure of a set of variables. Its primary goal is to identify the underlying factors that explain

the pattern of correlations between a set of observed variables. Factor analysis is applied for 66 variables and reduced to 8 factors.

## 3.9 Summary

In short, the research design of this study has adopted the descriptive research design and provided a proper base for selecting the study area as well as the sample size. The method of data collection is clearly explained and more emphasis is given to the primary source via the carefully constructed questionnaire after a preliminary pilot study. Further, the factors of human resources and OCAI are being considered as a means to find a solution to the research problem.

# CHAPTER - 4
# DATA ANALYSIS AND INTERPRETATION

## 4.1 Introduction

This chapter gives the output of the analysis of the collected data and statistical procedures taken up in the study. The relationship between the Organisational Cultural Assessment Instrument (OCAI) and the Human Resource Practices (HRP) are investigated through SPSS using IBM SPSS Version 21.

## 4.2 Data Analysis Process

Data analysis is a system of gathering, coding, tabulating and drawing inferences from processed data to achieve the research objectives. The results can then be interpreted and decisions can be taken based on the conclusions. The data collected will first be classified into both the descriptive and inferential analysis.

### 4.2.1 Descriptive Analysis

Descriptive analysis is a sort of data analysis that aids in accurately describing, displaying, or interpreting data points so that patterns may appear that satisfy all of the data's requirements. It is one of the most crucial processes in the examination of statistical data. Any study may get the profile of companies, groups, persons, or other subjects which may exist with many types of characteristics like size and preference. This study has got the profile and professional variables of the Medical Doctor. Percentage analysis is applied to the Demographic and Professional variables of the Doctors.

### 4.2.2 Inferential Analysis

Inferential analysis focuses on the numerous significance tests used for testing hypotheses to ascertain the degree of validity with which evidence can be used to support a conclusion or series of conclusions. The estimation of population figures is another issue that it addresses. The task of interpretation (drawing inferences and conclusions) is conducted primarily on the basis of inferential analysis. A major part of the analysis in this study belongs to the inferential

analysis. The analysis is divided into Human Resource Practice Factors, OCAI and Reason for leaving. The tests applied were z-test, multiple linear regression, Kruskal Wallis and Mann-Whitney U test.

## 4.3 Analysis Related to Doctors' Profile, Validity & Reliability

### 4.3.1 Demographic Variables of the Respondents

In this section the Percentage Analysis of the demographic and professional variables used in the study have been clearly explained. The variables like age, gender, education qualification, type of employment, type of college the respondent is working in with their designation are used to analyse the profile of the respondents. Both the demographic and professional variables are considered to be independent variables and their influence on other dependent variables are analysed.

**Table 4.1: Age of the Respondents**

| Age (in Years) | Frequency | Percentage |
|---|---|---|
| 25-30 | 50 | 9.7 |
| 31-40 | 245 | 47.4 |
| 41-50 | 137 | 26.5 |
| 51-60 | 55 | 10.6 |
| 61-65 | 24 | 4.6 |
| More than 65 | 6 | 1.2 |
| **Total** | **517** | **100** |

It is inferred from Table 4.1 above, that 47.4 (245) percentage of the respondents belong to the age group of 31-40 years and 26.5 (137) percentage of the respondents belong to the age group of 41-50 years. Further, 1.2 (6) percentage of the respondents are more than 65 years. This indicates that the dominant age group of Medical Doctors considered for this study were 31-40 years.

**Table 4.2: Gender of the Respondents**

| Gender | Frequency | Percentage |
|---|---|---|
| Male | 268 | 51.84 |
| Female | 238 | 46.03 |
| Prefer not to tell | 11 | 2.13 |
| **Total** | **517** | **100** |

From Table 4.2 above, it is observed that 51.84 (568) percent of the respondents are male and 46.03 (238) are female and 2.13 (11) preferred not to tell. Thus, the major group of Medical Doctors in this study are male.

**Table 4.3: Marital Status of the Respondents**

| Marital Status | Frequency | Percentage |
|---|---|---|
| Single – Unmarried | 41 | 7.9 |
| Single – Widow | 2 | 0.4 |
| Married | 469 | 90.7 |
| Engaged | 1 | 0.2 |
| Divorced | 3 | 0.6 |
| Separated | 1 | 0.2 |
| **Total** | **517** | **100** |

From Table 4.3 above, it is observed that 90.7 (469) percent of the respondents are married. This is followed by 7.9 (41) percent being single (unmarried). Finally, 0.2 (1) percent of the respondents are engaged and 0.6 percent of the respondents are divorced. Thus, the major group of Medical Doctors in this study are married.

**Table 4.4: Family Type of the Respondents**

| Family Type | Frequency | Percentage |
|---|---|---|
| Joint Family | 157 | 30.4 |
| Nuclear Family | 346 | 66.9 |
| Single Parent | 9 | 1.7 |
| Not prefer to tell | 5 | 1.0 |
| **Total** | **517** | **100** |

It is evident from Table 4.4 above, that 66.9 (346) percent of the respondents are in a nuclear family system, while 30.4 (157) percent are in a joint family system. 1.7 (9) percent of the respondents are single parent households while another 1 (5) percent of the respondents are not willing to give any details of their family. Hence, the majority of Medical Doctors among the respondents belong to the nuclear family system.

**Table 4.5: Highest Degree Obtained by the Doctors**

| Degree Obtained | Frequency | Percentage |
|---|---|---|
| Graduate | 24 | 4.64 |
| Post Graduate Degree | 424 | 82.01 |
| Post Graduate Diploma | 22 | 4.26 |
| Doctorate (PhD) | 31 | 5.99 |
| Post- Doctoral | 11 | 2.13 |
| Any other professional qualification/s | 5 | 0.97 |
| **Total** | **517** | **100** |

It is evident from Table 4.5 above, that the majority of the (82.01 percentage) respondents hold a Postgraduate Degree. Hence, the majority of Highest Degrees Obtained by the Doctors is Post Graduate Degree.

**Table 4.6: Subjects Taught by the Doctors**

| Subjects | Frequency | Percentage |
|---|---|---|
| Anatomy | 35 | 6.77 |
| Biochemistry | 43 | 8.32 |
| Community Medicine | 32 | 6.19 |
| Family Medicine | 35 | 6.77 |
| General Medicine | 32 | 6.19 |
| Microbiology | 49 | 9.48 |
| Pharmacology | 20 | 3.87 |
| Obstetrics & Gynaecology | 56 | 10.83 |
| Physiology | 28 | 5.42 |
| Ophthalmology | 23 | 4.45 |
| Surgery | 33 | 6.38 |
| Paediatrics | 29 | 5.60 |
| Pathology | 31 | 6.00 |
| Others | 71 | 13.73 |
| **Total** | **517** | **100** |

Table 4.6 above represents the Subjects taught by the Doctors from the respondents sampled for the study and the percentage calculated for different categories.

**Table 4.7: Type of the College of the Respondents**

| Type of College | Frequency | Percentage |
|---|---|---|
| State Government | 117 | 22.6 |
| Private | 400 | 77.4 |
| **Total** | **517** | **100** |

From the above table 4.7 shown above indicates 77.4 (400) percent of the respondents are working in the Private Medical Colleges, while 22.6 (117) percent of the respondents are

working in the State Government Medical Colleges in Tamil Nadu. Therefore, the majority of the Medical Doctors in this study are working in the Private Medical Colleges.

**Table 4.8: Employment Type of the Respondents**

| Employment Type | Frequency | Percentage |
|---|---|---|
| Permanent | 420 | 81.24 |
| Temporary | 78 | 15.09 |
| Fixed Period Contract | 12 | 2.32 |
| Others | 7 | 1.35 |
| **Total** | **517** | **100** |

Among the four types of employment - permanent, temporary, fixed period contract and others, as shown in table 4.8 above, a maximum of 81.24 (420) percent of the respondents have got a permanent nature of employment. This is followed by 15.09 (78) percent of the respondents having temporary employment and 2.32 (12) percent of the respondents are employed on a temporary and fixed period contract basis. Hence, the majority of the respondents are working on a permanent basis in Tamil Nadu.

**Table. 4.9: Name of the Teaching Colleges of the Respondents**

| Colleges | Frequency | Percentage |
|---|---|---|
| Christian Medical College | 80 | 15.5 |
| Thiruvannamalai Govt. Medical College | 59 | 11.4 |
| ACS Medical College | 39 | 7.5 |
| Karpaga Vinayagar Medical College | 29 | 5.6 |
| SRM Medical College | 37 | 7.2 |
| Ramachandra Medical College | 62 | 12.0 |
| Muthukumaran Medical College | 38 | 7.4 |
| Annapoorna Medical College | 38 | 7.4 |
| Vinayaka Missions Medical College | 62 | 12.0 |
| Adhiparasakthi Medical College | 15 | 2.9 |
| Govt. Theni Medical College | 58 | 11.2 |
| **Total** | **517** | **100** |

Table 4.9 above, indicates that 15.5 (80) percent of the respondents are employed in Christian Medical College at Vellore. This is followed by 12 (60) percent who work in Ramachandra Medical College at Chennai and Vinayaka Missions Medical College at Salem. Finally, 2.9 (15) percent of the respondents work in Adhiparasakthi Medical College at Melmaruvathur. This indicates that the majority of the respondents are working in Christian Medical College at Vellore.

From the Table 4.10 given below, it is clear that 42.36 (219) percent of the respondents are Assistant Professors while 25.92 (134) percent are working as Professor in their respective Medical Colleges. A small percentage of the respondents that is 0.2 (1) are designated as Head of the Institution, Registrar and Medical Officer. Doctors who are in administrative posts like CEO or MS have dual responsibility as they also discharge their duties as professor in their respective clinical/non-clinical area of specialisation.

**Table 4.10: Designation of the Respondents**

| Designation | Frequency | Percentage |
|---|---|---|
| Principal/ Director/ Dean/ Medical Superintendent/ Head of Institution | 1 | 0.2 |
| Professor/Head of Department/ Senior Professor | 134 | 25.92 |
| Associate Professor / Reader | 93 | 17.99 |
| Assistant Professor / Lecturer | 219 | 42.36 |
| Tutor / Demonstrator/ Resident / Registrar/ Medical Officer | 70 | 13.53 |
| **Total** | **517** | **100** |

Table 4.11 shows the Specialisation of doctors indicates the spread of doctors who have selected different specialties and super specialities in the area of their interest and in their pursuit of knowledge and skills in different branches of medicine and surgery.

**Table 4.11: Specialisation of Doctors**

| Subjects | Frequency | Percentage |
|---|---|---|
| Anaesthesia | 33 | 6.38 |
| Biochemistry | 10 | 1.93 |
| Community Medicine | 22 | 4.26 |
| General Medicine | 48 | 9.28 |
| Microbiology | 19 | 3.68 |
| Pharmacology | 20 | 3.87 |
| Obstetrics & Gynaecology | 34 | 6.58 |
| Radiology | 26 | 5.03 |
| Ophthalmology | 23 | 4.45 |
| Surgery | 34 | 6.58 |
| Paediatrics | 28 | 5.42 |
| Pathology | 30 | 5.80 |
| Dermatology | 26 | 5.03 |
| Neurology | 48 | 9.28 |
| Forensic | 39 | 7.54 |
| Oncology | 15 | 2.90 |
| Others | 62 | 11.99 |
| **Total** | **517** | **100** |

**Table 4.12: Clinical Experience of Doctors**

| No of Years | Frequency | Percentage |
|---|---|---|
| 0-5 years | 283 | 54.7 |
| 6-10 years | 101 | 19.5 |
| 11-15 years | 76 | 14.7 |
| 16-20 years | 35 | 6.8 |
| 21-25 years | 11 | 2.1 |
| Above 26 years | 11 | 2.1 |
| **Total** | **517** | **100** |

Table 4.12 above represents the clinical experience of doctors from different colleges sampled for the study and the percentage calculated for different categories.

**Table 4.13: Teaching Experience of Doctors**

| No of Years | Frequency | Percentage |
|---|---|---|
| 0-5 years | 218 | 42.2 |
| 6-10 years | 138 | 26.7 |
| 11-15 years | 74 | 14.3 |
| 16-20 years | 48 | 9.3 |
| 21-25 years | 23 | 4.4 |
| Above 26 years | 16 | 3.1 |
| **Total** | **517** | **100** |

Table 4.13 shows the teaching experiences of the doctors in the study. It shows the years put in for teaching a subject in the respective medical college.

**Table 4.14: Utilisation of Annual Leave of the Respondents**

| Response | Frequency | Percentage |
|---|---|---|
| Yes | 224 | 43.3 |
| No | 284 | 54.9 |
| Prefer not to tell | 9 | 1.7 |
| **Total** | **517** | **100** |

It is observed from the above table 4.14 that 54.9 (284) percent of the respondents are not availing their annual leave from their Institution while 43.3 (224) percent of the respondents are availing their annual leave regularly. A small percentage of the respondents, 1.7 (9) preferred not to give information pertaining to their availing of annual leave. Thus, the majority of the Medical Doctors are not availing the annual leave facilities.

### 4.3.2 Discriminant Validity

Discriminant validity refers to the extent to which a construct is distinct from other constructs. It assesses the extent to which a measure is distinct from others - especially those that it should theoretically differ from. Discriminant Validity is crucial for ensuring that measures designed to assess different concepts are indeed distinct and not measuring the same underlying concept. Discriminant validity captures distinct concepts, prevents overlapping and ensures reliability of the findings. Discriminant Validity is applied to establish the distinctiveness of the constructs used. It shows whether constructs in the study are not too highly correlated with other constructs. Discriminant validity assumes that items correlate higher within a construct than they do with other items from other constructs that are theoretically supposed not to correlate. (Zait and Bertea, 2011) Discriminant validity of the construct is achieved when the square root of the Average Variance Extracted (AVE) is greater than the correlation between the constructs and is indicated by the diagonal values being higher than the values in the rows and columns of the Discriminant Validity table (Zainudin, 2012).

The AVE is a metric used to assess the convergent validity of a latent construct in a measurement model. Convergent validity is concerned with the degree to which different indicators (observable variables) of a latent construct (underlying variables) are correlated. It is a measure of the number of variants captured by the latent construct related to the number of variants due to measurement error and unique factors specific to each indicator. It is calculated by taking the average of the squared factor loadings of each indicator associated with the latent construct. AVE ranges from 0 to 1. Higher AVE values indicate better convergent validity, suggesting that the significant proportion of the variants in the indicators is due to the latent constructs. A commonly used benchmark is that an AVE value above 0.5 indicates acceptable convergent validity.

The Discriminant validity values arrived at in this study based on Fornell and Larcker (1971) are given in Table 4.15. It is seen from this table that the Discriminant Validity can be accepted and the result supports the validity between the constructs.

The researcher notes that for the Work Environment (5)-Training and Development (6) construct the difference is small (0.009). Similarly, for the Training and Development (6) - Career Growth and Management (7) the difference is small. (0.010). The researcher ignores this small difference and accepts the overall Discriminant Validity.

**Table 4.15: Discriminant Validity**

| Latent Constructs | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|---|---|---|---|---|---|---|---|---|
| COMP (1) | **0.724** | | | | | | | |
| WORKRECO (2) | 0.577 | **0.744** | | | | | | |
| LSHIP (3) | 0.232 | 0.386 | **0.759** | | | | | |
| PEERGR (4) | 0.178 | 0.291 | 0.235 | **0.774** | | | | |
| WORKENV (5) | 0.501 | 0.490 | 0.403 | 0.398 | **0.652** | | | |
| TRADEV (6) | 0.545 | 0.535 | 0.340 | 0.294 | 0.643 | **0.696** | | |
| GROWDEV (7) | 0.478 | 0.480 | 0.218 | 0.287 | 0.499 | 0.686 | **0.714** | |
| INT (8) | 0.532 | 0.515 | 0.256 | 0.291 | 0.649 | 0.543 | 0.538 | **0.810** |

Table 4.15 above shows that the discriminant validity can be accepted and the result which supports the validity between the constructs.

### 4.3.3 Reliability

Reliability is the extent to which a measure consistently produces stable and accurate results over time.

Cronbach's alpha is a commonly used measure of internal consistency although it has some limitations. For example, it assumes that all items have equal weights and that the relationship between all items is the same. Cronbach's alpha can also be affected by the number of items in the scale, with shorter scales tending to have lower alpha values.

Composite reliability ($rho_c$) is an alternative measure of internal consistency that is based on the idea of latent variables. It uses a structural equation modelling approach to estimate the reliability of a composite measure, taking into account the intercorrelations among the items as well as their loadings on the latent construct. Internal consistency reliability is the extent to which indicators measuring the same construct are associated with each other. (Hair et al. 2021) Unlike Cronbach's alpha, composite reliability does not assume equal weights for

all items and can account for measurement error and correlated errors. Higher values indicate higher levels of reliability. For example, reliability values between 0.60 and 0.70 are considered "acceptable in exploratory research," whereas values between 0.70 and 0.90 range from "satisfactory to good." Values above 0.90 (and definitely above 0.95) are problematic, since they indicate that the indicators are redundant, thereby reducing construct validity. Reliability values of 0.95 and above also suggest the possibility of undesirable response patterns (e.g., straight-lining), thereby triggering inflated correlations among the error terms of indicators. (Hair, 2021)

Convergent validity is the extent to which the construct converges in order to explain the variance of its indicators. The metric used for evaluating a construct's convergent validity is the average variance extracted (AVE) for all indicators on each construct. (Hair et al 2021) Average variance extracted (AVE) is a measure of reliability that reflects the amount of variance in the observed variables that is accounted for by the underlying construct. It is a commonly used criterion for evaluating the convergent validity of a measurement model in structural equation modelling. The significance of AVE lies in its ability to assess the extent to which a set of indicators measures the same underlying construct. A high AVE value indicates that the observed variables are highly related to the construct they are intended to measure, and thus provides evidence for the convergent validity of the measurement model. AVE values range from 0 to 1, with higher values indicating that a greater proportion of the variance in the observed variables is explained by the construct (Hair et al., 2022).

In general, it is recommended to use multiple indices of reliability to evaluate the internal consistency of a measure. If Cronbach's alpha is low but composite reliability and AVE are high, it may suggest that the measure has good internal consistency despite the limitations of Cronbach's alpha.

The output of the data analysis of the reliability values is given in Table 4.13. From the table it is seen that the following factors have acceptable values across all three measures of Cronbach, Composite Reliability and Average Variance Extracted. These factors are, Compensation, Leadership, Career Growth and Management, and Intention to leave.

**Table 4.16: Table of Reliabilities**

| Items | Cronbach's Alpha | Composite reliability | AVE |
|---|---|---|---|
| COMP1 | 0.700 | 0.814 | 0.524 |
| COMP2 | | | |
| COMP3 | | | |
| COMP6 | | | |
| WORKRECO1 | 0.596 | 0.784 | 0.554 |
| WORKRECO2 | | | |
| WORKRECO3 | | | |
| LSHIP1 | 0.816 | 0.871 | 0.577 |
| LSHIP3 | | | |
| LSHIP4 | | | |
| LSHIP5 | | | |
| LSHIP8 | | | |
| PEERGR2 | 0.360 | 0.742 | 0.598 |
| PEERGR3 | | | |
| WORKENV2 | 0.675 | 0.785 | 0.426 |
| WORKENV5 | | | |
| WORKENV6 | | | |
| WORKENV9 | | | |
| WORKENV12 | | | |
| TRADEV2 | 0.788 | 0.849 | 0.484 |
| TRADEV3 | | | |
| TRADEV4 | | | |
| TRADEV5 | | | |
| TRADEV7 | | | |

| | | | |
|---|---|---|---|
| TRADEV12 | | | |
| GRODEV3 | 0.759 | 0.838 | 0.510 |
| GRODEV8 | | | |
| GRODEV9 | | | |
| GRODEV10 | | | |
| GRODEV12 | | | |
| INT2 | 0.827 | 0.884 | 0.656 |
| INT3 | | | |
| INT4 | | | |
| INT6 | | | |
| Minimum | 0.360 | 0.742 | 0.426 |
| Maximum | 0.827 | 0.884 | 0.656 |

Table 4.16 above shows that various factors have acceptable values across all three measures of Cronbach, Composite Reliability and Average Variance Extracted.

George and Mallery, (2003: 231) suggest a tiered approach consisting of the following:

≥0 .9 – Excellent,

≥ 0.8 – Good,

≥ 0.7 – Acceptable,

≥ 0.6 – Questionable,

≥ 0.5 – Poor, and

≤ 0.5 – Unacceptable"

In the case of Work Recognition, the Cronbach Alpha value is 0.60 (rounded) and falls under the 'questionable' category of George and Mallery's classification. Instead of seeing this in isolation, the researcher notes that the Composite Reliability (CR) lies in the 'Good' region and the Average Variance Extracted (AVE) value is in the acceptance level. Hence, the researcher concludes that the internal consistency for this factor is therefore to be acceptable. The researcher ascribes the lower Cronbach value to the fewer number of questions.

In the case of Relationship with Peer Group, the Cronbach Alpha value is 0.40 (rounded) and falls under the 'poor' category of George and Mallery's classification. However, the Composite Reliability (CR) lies in the 'Good' region and the Average Variance Extracted (AVE) value is in the acceptance level. Hence, the internal consistency for this factor to be acceptable. The researcher ascribes the lower Cronbach value to the lesser number of questions.

In the case of Work Environment, the Cronbach Alpha value is 0.70 (rounded) and falls under the 'Acceptable' category of George and Mallery's classification. The researcher notes that the Composite Reliability (CR) lies in the 'Good' region but the Average Variance Extracted (AVE) value is 0.426 (>0.4). Fornell and Larcker (1981) suggest that AVE of 0.4 can be accepted if the CR value is greater than 0.6. Therefore, the researcher concludes that the convergent validity of this construct can be taken to be adequate.

In the case of Training and Development, the Cronbach Alpha value is 0.80 (rounded) and falls under the 'Good' category of George and Mallery's classification. The researcher notes that the Composite Reliability (CR) lies in the 'Good' region but the Average Variance Extracted (AVE) value is 0.484 (>0.4, ~ 0.50). Again, congruent validity for this construct is acceptable for the same reason as for Work environment. Fornell and Larcker (1981) suggest that AVE of 0.4 can be accepted if the CR value is greater than 0.6. Therefore, the researcher concludes that the convergent validity of this construct can be taken to be adequate.

Based on these observations, the researcher concludes that the identified factors are reliable and are internally consistent.

## 4.4 Data Analysis

### 4.4.1 Missing Data and Data Screening

Missing data is considered as an influential problem in data analysis that may affect the results of the research aims and objectives (Hair et al., 2010). Furthermore, it is important to determine the type of missing values to know whether the missing data were occurring randomly or non-randomly (Pallant, 2010). If the missing values are randomly distributed within the items of the questionnaire, then such data can be ignored. However, if the missing values are non-randomly distributed, then the generalizability of the results will be affected (Tebachnick & Fidell, 2007). Generally, the missing data up to 5 percent is considered acceptable (Schumacker and Lomax 2004). As the data collected were entered manually into SPSS, it is essential to ensure that the values are not only correct but that they exist within the boundaries of what

would be reasonably expected. In order to accomplish this, consistency checks should be performed to verify the reliability of the data collected. (Meyers et al., 2013). The practical impact of missing data is the reduction of the sample size available for analysis. If remedies for missing data are not applied, any observation with missing data on any of the variables will be excluded from the analysis. (Hair et al., 2010). Therefore, suspect or erroneous data were verified and corrected using the raw scores from the responses to the original items on the questionnaires and data view of the SPSS.

### 4.4.2 Data Entry

Variables were named and defined before the data were entered into the Statistical Package for the Social Sciences (IBM SPSS Version 21) data editor. Data collected from the respondents using the questionnaire were entered manually into SPSS.

### 4.4.3 Data Cleaning

Since values entered into the SPSS data file were transcribed, the data were cleaned in order to ensure that the values are within the boundaries of what would be reasonably expected. Following the recommendations of Meyer et al., (2013), consistency checks were performed to verify the reliability of data collected. Suspect or erroneous data were verified and corrected using the raw scores from the responses to the original items on the questionnaires and spreadsheets. Meyer et al., also recommends the use of frequency tables in SPSS to identify erroneous or missing data. Frequency tables were then generated to assist in identifying erroneous or missing data. Two cases with missing data were identified. The decision was made to delete these cases. Outliers are observations that have extreme values relative to other observations observed under the same conditions. (Barnett & Lewis, 1994). Working with outliers with continuous data can pose rather difficult decisions. Neither ignoring nor deleting them are good solutions. If we do nothing, we may end up with problems. There were common methods to deal with outliers. The first is to simply eliminate any case that contains an outlier. The other method is known as trimming, where the highest and lowest extreme values are replaced with non-outlier highest or lowest values (Barnett and Lewis, 1994). The researcher in the study adopted the first method of elimination. Hence, out of 576 samples, 2 cases were deleted as they were identified with missing data. The outliers were identified in the items of all the factors. They were eliminated. Finally, the cleaned data consisting of **517** samples were taken further for analysis.

### 4.4.4 Exploratory Factor Analysis (EFA)

The Questionnaire on HR Practices is segmented as follows:

I. Compensation: 8 Questions
II. Work Recognition: 4 Questions
III. Leadership: 9 Questions
IV. Relationship with Peers: 3 Questions
V. Work Environment: 12 Questions
VI. Training and Development: 12 Questions
VII. Career Growth and Management: 12 Questions
VIII. Intention to leave: 6 Questions

**Total: 66 Questions**

KMO test is a measure that has been intended to measure the suitability of data for factor analysis. In other words, it tests the adequacy of the sample size. The test measures sampling adequacy for each variable in the model and for the complete model. (Shrestha, 2021). KMO value varies from 0 to 1. The KMO values between 0.8 to 1.0 indicate the sampling is adequate. KMO values between 0.7 to 0.79 are middling and values between 0.6 to 0.69 are mediocre.

KMO values less than 0.6 indicate the sampling is not adequate and remedial action should be taken. If the value is less than 0.5, the results of the factor analysis undoubtedly won't be very suitable for the analysis of the data. If the sample size is < 300 the average communality of the retained items has to be tested. An average value > 0.6 is acceptable for sample size < 100, an average value between 0.5 and 0.6 is acceptable for sample sizes between 100 and 200 (Shrestha, 2021).

**Table 4.17: KMO and Bartlett Test**

| | | |
|---|---|---|
| Kaiser-Meyer-Olkin Measure of Sampling Adequacy. | | 0.883 |
| Bartlett's Test of Sphericity | Approximate Chi Square | 6945.273 |
| | df | 561 |
| | Sig. | .000 |

In the study the sample size is 517. Kaiser has put the value between 0.80 and 0.89 as 'meritorious.' (Kaiser and Rice, 1974) As the KMO Value (Refer Table 4.17 above) is 0.883 the sample size is considered adequate and suitable for factor analysis. Another measure of whether a matrix is factorable is the Bartlett test, which tests the degree to which a matrix deviates from an identity matrix.

This would indicate that the variables are unrelated and therefore unsuitable for structure detection. Small values (less than 0.05) of the significance level indicate that a factor analysis may be useful. (IBM, SPSS Statistics). According to Gleser (1996), if Bartlett's test is significant ($p < 0.05$), the sample is suitable for factor analysis. In the study as the Bartlett's Test of Sphericity is significant ($p < .05$), as the p value is 0.000, the sample is considered suitable for factor analysis.

Exploratory factor analysis (EFA) is a statistical technique used to identify the underlying structure of a set of variables. Its primary goal is to identify the underlying factors that explain the pattern of correlations between a set of observed variables. The researcher using Principal Component Analysis (PCA) determined the number of factors necessary to account for the variance in the variables. In this study, the results of the analysis revealed that 24.82% of the total variance was explained by one factor.

This provides evidence that common source bias is not an issue. Through Principal Components Analysis, it was possible to decide how many factors would be extracted. The criterion adopted by the researcher is to retain those with eigenvalues higher than 1.0. This criterion pointed to the existence of eight factors. Cumulatively the eight factors explain 60.78% of the variance.

The Total Variance explained is given in Table. 4.18. The second factor explains 8.8%, the third 7%, fourth 5.5%, fifth 4.3%, sixth 3.7%, seventh 3.5% and the eighth 3% of the variance. As the factors explain 60.78% of the construct's total variance the researcher notes that this meets Hair et al. (2009) criterion that says a scale needs to have enough factors to explain about 60% of the construct variance. The factor analysis was started with 66 variables. At the end of the analysis the researcher finds that there are 34 variables.

Table 4.18 shows the initial eigenvalues and extracted sums of squared loadings are represented for all the 34 variables with percent of variance and cumulative percent.

**Table 4.18: Table of Total Variance Explained**

| Component | Initial Eigenvalues | | | Extraction Sums of Squared Loadings | | |
|---|---|---|---|---|---|---|
| | Total | % of Variance | Cumulative % | Total | % of Variance | Cumulative % |
| 1 | 8.440 | 24.823 | 24.823 | 8.440 | 24.823 | 24.823 |
| 2 | 3.006 | 8.842 | 33.665 | 3.006 | 8.842 | 33.665 |
| 3 | 2.392 | 7.034 | 40.699 | 2.392 | 7.034 | 40.699 |
| 4 | 1.884 | 5.540 | 46.239 | 1.884 | 5.540 | 46.239 |
| 5 | 1.478 | 4.346 | 50.585 | 1.478 | 4.346 | 50.585 |
| 6 | 1.267 | 3.725 | 54.310 | 1.267 | 3.725 | 54.310 |
| 7 | 1.181 | 3.474 | 57.784 | 1.181 | 3.474 | 57.784 |
| 8 | 1.017 | 2.992 | 60.776 | 1.017 | 2.992 | 60.776 |
| 9 | 0.950 | 2.795 | 63.571 | | | |
| 10 | 0.847 | 2.490 | 66.061 | | | |
| 11 | 0.835 | 2.455 | 68.516 | | | |
| 12 | 0.790 | 2.323 | 70.839 | | | |
| 13 | 0.753 | 2.214 | 73.053 | | | |
| 14 | 0.693 | 2.038 | 75.091 | | | |
| 15 | 0.652 | 1.917 | 77.007 | | | |
| 16 | 0.617 | 1.814 | 78.822 | | | |
| 17 | 0.588 | 1.728 | 80.550 | | | |
| 18 | 0.555 | 1.633 | 82.182 | | | |
| 19 | 0.526 | 1.546 | 83.728 | | | |
| 20 | 0.501 | 1.474 | 85.202 | | | |
| 21 | 0.483 | 1.420 | 86.622 | | | |
| 22 | 0.449 | 1.322 | 87.944 | | | |
| 23 | 0.437 | 1.286 | 89.230 | | | |
| 24 | 0.426 | 1.253 | 90.482 | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| 25 | 0.414 | 1.219 | 91.701 | | | |
| 26 | 0.401 | 1.180 | 92.881 | | | |
| 27 | 0.396 | 1.166 | 94.047 | | | |
| 28 | 0.350 | 1.030 | 95.078 | | | |
| 29 | 0.323 | 0.950 | 96.028 | | | |
| 30 | 0.317 | 0.931 | 96.959 | | | |
| 31 | 0.286 | 0.840 | 97.799 | | | |
| 32 | 0.273 | 0.803 | 98.602 | | | |
| 33 | 0.244 | 0.717 | 99.319 | | | |
| 34 | 0.232 | 0.681 | 100.000 | | | |

## 4.5 Factor Loadings

Factor loadings are essential for interpreting the results of factor analysis. They provide information about the extent to which each observed variable is associated with the underlying factors. Factor loadings are coefficients that represent the strength and direction of the relationship between observed variables and latent factors in factor analysis.

**Table 4.19: Factor Loadings**

| Items | Loadings (All the items) | Loadings (Removed less than 0.5) |
|---|---|---|
| COMP1 | 0.795 | 0.816 |
| COMP2 | 0.563 | 0.631 |
| COMP3 | 0.737 | 0.757 |
| COMP4 | 0.497 | |
| COMP5 | 0.207 | |
| COMP6 | 0.632 | 0.679 |
| COMP7 | 0.536 | |
| COMP8 | 0.558 | |
| WORKRECO1 | 0.788 | 0.822 |
| WORKRECO2 | 0.826 | 0.822 |

| | | |
|---|---|---|
| WORKRECO3 | 0.558 | 0.558 |
| WORKRECO4 | 0.417 | |
| LSHIP1 | 0.807 | 0.829 |
| LSHIP2 | -0.699 | |
| LSHIP3 | 0.784 | 0.868 |
| LSHIP4 | 0.712 | 0.690 |
| LSHIP5 | 0.696 | 0.741 |
| LSHIP6 | 0.278 | |
| LSHIP7 | -0.594 | |
| LSHIP8 | 0.628 | 0.646 |
| LSHIP9 | 0.525 | |
| PEERGR1 | -0.644 | |
| PEERGR2 | 0.731 | 0.902 |
| PEERGR3 | 0.581 | 0.619 |
| WORKENV1 | -0.737 | |
| WORKENV2 | 0.512 | 0.618 |
| WORKENV3 | 0.333 | |
| WORKENV4 | 0.481 | |
| WORKENV5 | 0.603 | 0.618 |

**Table 4.19: Factor Loadings (Contd.)**

| Items | Loadings (All the items) | Loadings (Removed less than 0.5) |
|---|---|---|
| WORKENV6 | 0.515 | 0.608 |
| WORKENV7 | 0.352 | |
| WORKENV8 | -0.062 | |
| WORKENV9 | 0.625 | 0.595 |
| WORKENV10 | 0.539 | |
| WORKENV11 | -0.458 | |

| | | |
|---|---|---|
| WORKENV12 | 0.779 | 0.800 |
| TRADEV1 | 0.453 | |
| TRADEV2 | 0.681 | 0.768 |
| TRADEV3 | 0.608 | 0.704 |
| TRADEV4 | 0.650 | 0.663 |
| TRADEV5 | 0.662 | 0.693 |
| TRADEV6 | 0.567 | |
| TRADEV7 | 0.719 | 0.683 |
| TRADEV8 | 0.578 | |
| TRADEV9 | -0.682 | |
| TRADEV10 | 0.569 | |
| TRADEV11 | 0.500 | |
| TRADEV12 | 0.652 | 0.654 |
| GRODEV1 | 0.517 | |
| GRODEV2 | 0.535 | |
| GRODEV3 | 0.580 | 0.629 |
| GRODEV4 | -0.536 | |
| GRODEV5 | 0.326 | |
| GRODEV6 | 0.271 | |
| GRO0.DEV7 | 0.163 | |
| GRODEV8 | 0.680 | 0.742 |
| GRODEV9 | 0.770 | 0.814 |
| GRODEV10 | 0.686 | 0.746 |
| GRODEV11 | 0.397 | |
| GRODEV12 | 0.615 | 0.622 |
| INT1 | -0.888 | |
| INT2 | 0.780 | 0.800 |
| INT3 | 0.703 | 0.783 |

| | | |
|---|---|---|
| INT4 | 0.840 | 0.827 |
| INT5 | -0.766 | |
| INT6 | 0.807 | 0.829 |

In table 4.19 above, the loadings indicate how much each observed variable contributes to a particular factor. The magnitude of the factor loadings represents the strength of the relationship with larger absolute values indicating the stronger relationship between the observed variable and the factor.

**Table 4.20: Latent Factors**

| **Latent Constructs** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** |
|---|---|---|---|---|---|---|---|---|
| COMP (1) | **0.724** | | | | | | | |
| WORKRECO (2) | 0.577 | **0.744** | | | | | | |
| LSHIP (3) | 0.232 | 0.386 | **0.759** | | | | | |
| PEERGR (4) | 0.178 | 0.291 | 0.235 | **0.774** | | | | |
| WORKENV (5) | 0.501 | 0.490 | 0.403 | 0.398 | **0.652** | | | |
| TRADEV (6) | 0.545 | 0.535 | 0.340 | 0.294 | 0.643 | **0.696** | | |
| GROWDEV (7) | 0.478 | 0.480 | 0.218 | 0.287 | 0.499 | 0.686 | **0.714** | |
| INT (8) | 0.532 | 0.515 | 0.256 | 0.291 | 0.649 | 0.543 | 0.538 | **0.810** |
| Minimum | 0.558 | | | | | | | |
| Maximum | 0.902 | | | | | | | |
| 0.5 to less than 0.6 | 2 | | | | | | | |
| 0.6 to less than 0.7 | 14 | | | | | | | |
| 0.7 to less than 0.8 | 7 | | | | | | | |
| 0.8 to less than 0.9 | 10 | | | | | | | |
| 0.9 to 1.0 | 1 | | | | | | | |
| Total | 34 | | | | | | | |

Table 4.20 above displays the values of latent constructs and followed by the loading in the different ranges from minimum to maximum value.

Factor loadings can range from -1 to +1, where positive values indicate a positive relationship between the observed variable and the factor, while negative values indicate a negative relationship. The magnitude of the factor loading represents the strength of the relationship, with larger absolute values indicating a stronger relationship between the observed variable and the factor.

Generally, loadings below a threshold of 0.3 or 0.4 are considered to be weak and potentially uninformative, by researchers. For instance, Field (2013: 692) recommends suppressing factor loadings less than 0.3. Guadagnoli and Velicer, (1988), consider scores greater than 0.4 to be stable. Hair recommends to allow factor loadings greater than 0.40. Pett et al (2003) suggests a cut-off score of 0.40. Comrey and Lee (1992) suggested the following cut-offs to assess item loadings: 0.32 poor, 0.45 fair, 0.55 good, 0.63 very good and 0.71 excellent. The analysis was run again after the researcher fixed the cut-off score as 0.50 and ran the analysis again and got the results reported in Table 4.21 as follows.

**Table 4.21: Factor 1 - Compensation**

| Item Identifier | Variable | Factor Loadings |
|---|---|---|
| COMP1 | Basic Salary meets expectations. | 0.816 |
| COMP2 | Total salary is fair for the job. | 0.631 |
| COMP3 | Perks and incentives make the job worthwhile. | 0.757 |
| COMP6 | Adequate medical facilities for self and family. | 0.679 |
| [*Eigenvalue: 8.440, Cumulative Variance: 24.823%*] | | |

Table 4.21 shows that salary has a strong link to the latent factor - intention to leave. Doctors are also affected by both monetary and non-monetary benefits for themselves and for their families. Examples are awards and medical benefits for the family. These variables are classified under “Compensation”.

**Table 4.22: Factor 2 - Work Recognition**

| Item Identifier | Variable | Factor Loadings |
|---|---|---|
| WORKRECO1 | Praise or thanks for the job done. | 0.822 |
| WORKRECO2 | Emotional recognition for the job. | 0.822 |
| WORKRECO3 | Total compensation is reflective of the contribution. | 0.558 |
| [*Eigenvalue: 3.006, Cumulative Variance: 33.665%*] | | |

Table 4.22 above represents the selected variables under Work Recognition with its factor loadings. Appreciation for the work done is the greatest encouragement for the employee motivating him to carry out his/her work in a more effective manner. A simple word of "congratulations" and "thanks for working efficiently", in the organisation tend to motivate Doctors towards greater efficiency. Thus, the above 3 variables are termed as "Work Recognition".

**Table 4.23: Factor 3 - Leadership**

| Item Identifier | Variable | Factor Loadings |
|---|---|---|
| LSHIP1 | Trust in the immediate superior. | 0.829 |
| LSHIP3 | Superior has the best interest in mind. | 0.868 |
| LSHIP4 | Colleagues unable to get along with superior. | 0.690 |
| LSHIP5 | Seniors are supportive of career development. | 0.741 |
| LSHIP8 | Constructive Criticism and adequate feedback from superior. | 0.646 |
| [*Eigenvalue: 2.392, Cumulative Variance: 40.699%*] | | |

The superior and subordinate relationship must be cordial and co-ordinated to run the institution smoothly without hindrances. The communication, trust and interest among the superior and subordinate will enhance the quality of leadership. The support of seniors helps develop the Doctors' and communication (both upward and downward) towards the employees and so help them in their career path. The 5 variables recorded in Table 4.23 are represented as

"Leadership". Leaders are not necessarily born but one can learn the art and science of being an effective leader and role model in organisations and hospitals so that they inculcate in their subordinates the purpose and vision statement of the department/institution while motivating them.

**Table 4.24: Factor 4 - Relationship with Peers**

| Item Identifier | Variable | Factor Loadings |
|---|---|---|
| PEERGR2 | Feedback from students. | 0.902 |
| PEERGR3 | Colleagues share personal and professional concerns. (approachable). | 0.619 |
| [*Eigenvalue: 1.884, Cumulative Variance: 46.239%*] | | |

Relationship with peers is crucial among medical doctors at all levels which necessitates good communication skills and shared personal and professional goals. Thus, the feedback from the students to Medical Doctors regarding their teaching, guiding/ supervising and mentoring becomes an important part for this factor as shown in table 4.24.

**Table 4.25: Factor 5 - Work Environment**

| Item Identifier | Variable | Factor Loadings |
|---|---|---|
| WORKENV2 | Equipments' are well-maintained. | 0.618 |
| WORKENV5 | Supporting services. | 0.618 |
| WORKENV6 | Encouraged and monetarily supported to publish research papers and attend seminars. | 0.608 |
| WORKENV9 | Presence of good teamwork within department and in Institution. | 0.595 |
| WORKENV12 | Happy to spend the rest of my career in the college, feel the college's problems are my own, care about the fate of the college and feel proud to be associated with the college. | 0.800 |
| [*Eigenvalue: 1.478, Cumulative Variance: 50.585%*] | | |

The working environment of doctors is a very important factor to be considered to provide quality service to the patients. The infrastructure, particularly, must have to be well maintained. The working environment, especially the facilities and access to it together with

support for research activities from the department and college management must be amenable for career growth. The above 5 variables listed in Table 4.25 and their related factor loadings are related to the Job Environment. Thus, it is represented as a "Work Environment".

**Table 4.26: Factor 6 - Training and Development**

| Item Identifier | Variable | Factor Loadings |
|---|---|---|
| TRADEV2 | Leave available for higher studies. | 0.768 |
| TRADEV3 | Regular training and lifelong learning provided. | 0.704 |
| TRADEV4 | Training provided is of relevance to the job. | 0.663 |
| TRADEV5 | In-house training. No external training. | 0.693 |
| TRADEV7 | Counselling for personal and work-related problems. | 0.683 |
| TRADEV12 | Stress reduction programs availability. | 0.654 |
| [*Eigenvalue: 1.267, Cumulative Variance: 54.310%*] | | |

For the employees to perform for the betterment of their organisation/ hospital, they require proper and adequate training. The training makes them understand their job description and their institution well and motivates them to work for the betterment of their institution. Training will help them to enhance their skills and update their domain knowledge and knowledge of technology knowledge.

Training must not only be provided relating to their job but it can be given for their overall development as well. These will help them sort out their personal and health issues as well. These training sessions must be given on a regular schedule and must include continued medical education, skills upgradation through skills lab and simulation labs. Overall life training will sort out personal health issues of the employees/ Doctors. The above variables are represented as "Training and Development" and are tabulated in Table 4.26.

The variables in Table 4.27 pave the way to the respondent's career growth through management policies and are labelled collectively as **"**Career Growth and Management". The variables included in this factor not just protects the job security but also provides clear HR policies to the respondents. It also supports social and family events by framing clear HR

policies for the medical doctors. Apart from these, the HR Department must be proactive to resolve the grievances of the medical doctors through proper mechanisms.

**Table 4.27: Factor 7 - Career Growth and Management**

| Item Identifier | Variable | Factor Loadings |
|---|---|---|
| GRODEV3 | Job security. | 0.629 |
| GRODEV8 | Social and family events in the Institution. | 0.742 |
| GRODEV9 | Conflict Management/ Grievance redressal mechanism. | 0.814 |
| GRODEV10 | Pro-active HR department. | 0.746 |
| GRODEV12 | Presence of well laid out and clear-cut policies on HR management. | 0.622 |
| [*Eigenvalue: 1.181, Cumulative Variance: 57.784%*] | | |

**Table 4.28: Factor 8 - Intention to Leave**

| Item Identifier | Variable | Factor Loadings |
|---|---|---|
| INT2 | Think a lot about leaving college. | 0.800 |
| INT3 | In search of a job outside the college. | 0.783 |
| INT4 | Leave the present job, if opportunity arises. | 0.827 |
| INT6 | Little to offer by remaining. | 0.829 |
| [*Eigenvalue: 1.017, Cumulative Variance: 60.776%*] | | |

The employees work in the same institution only when they are satisfied with the remuneration, leadership style, training, work atmosphere and coordination with colleagues. If not, they will try to leave their present job, in search of a new job with better remuneration and opportunities. These variables together with their factor loadings are incorporated in Table 4.28 are labelled as “Intention to leave”.

The results from the last eight tables are categorised in table 4.29. From the tables, it is seen that the lowest loading is 0.558 Work Environment (WORKRECO3) and the highest is

0.902 Relationship with Peers (PEERGR2). The number of other loadings in the different ranges are also indicated in the table.

**Table 4.29: Factor Loading Range**

| | |
|---|---|
| Minimum | 0.558 |
| Maximum | 0.902 |
| 0.5 to less than 0.6 | 2 |
| 0.6 to less than 0.7 | 14 |
| 0.7 to less than 0.8 | 7 |
| 0.8 to less than 0.9 | 10 |
| 0.9 to 1.0 | 1 |
| **Total** | **34** |

## 4.6 Analysis of Human Resource Management Practices, Organisational Culture and Professional Variables Over Intention to Leave

The hypothesis model for the study is classified into three proposed models namely HR Practices, Organisational Culture and Professional Variables.

### 4.6.1 Section-1: Effects of Human Resource Management Practices on Intention to Leave

The first study on the effects of HRM and Intention to Leave is studied through Weighted Least Square Method of Multiple Linear Regression.

Methodology

Null Hypothesis (H0): There is no statistically significant influence among human resource practices on the intention of Doctors to leave their organisation.

Alternative Hypothesis (H1): There is a statistically significant influence among human resource practices on the intention of Doctors to leave their organisation.

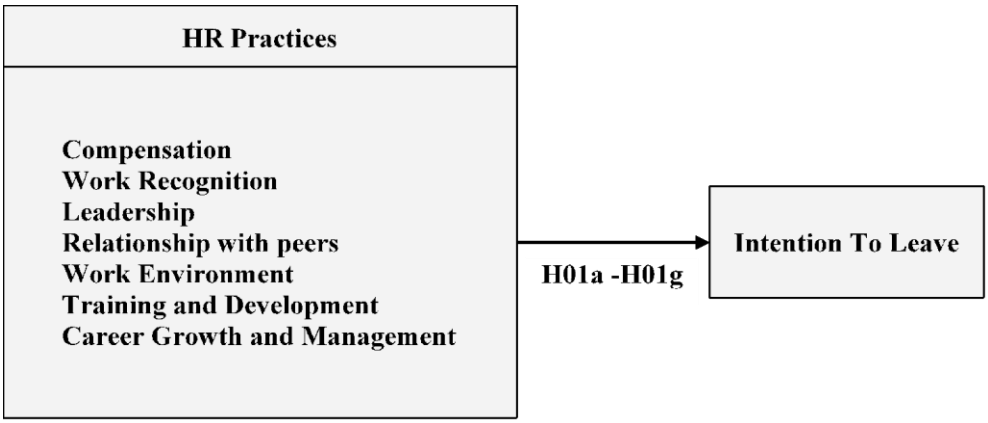


**Figure 4.1 Hypothesised Model for Section-1**

The four conditions that comprise the Multiple Linear Regression Model (Penn State, Eberly College of Science) are:

- The mean of the response, E(Yi), at each set of values of the predictors, (x1i,x2i,…), is a Linear function of the predictors.
- The errors, εi, are independent.
- The errors, εi, at each set of values of the predictors, (x1i,x2i,…), are normally distributed.
- The errors, εi, at each set of values of the predictors, (x1i,x2i,…), have equal variances (denoted σ2).

All the four assumptions state that the errors, ϵi, are independent normal random variables with mean zero and constant variance, σ2.

In order to identify whether these conditions hold for a multiple linear regression model applicable to this investigation, the estimated errors (residuals) were studied. The model was applied first to a particular sample dataset by looking at the estimated errors, i.e., the residuals.

The identified seven independent variables are designated as X1, X2…….X7 and the dependent variable is designated as Y and were identified as follows:

X1 is Compensation,

X2 is Work Recognition,

X3 is Leadership,

X4 is Relationship with Peers,

X5 is Work Environment,

X6 is Training and Development

X7 is Career Growth and Management.

Y, the dependent variable, is the Intention to Leave

Using the Statkingdom MLR a model was developed. The validation of the model gave the following results.

**Residual Normality**

The Shapiro Wilk p-value equals 0.00003807 (p<<0.001) with W (517) = 0.99. This indicates the Shapiro-Wilk test shows a significant departure from normality, and it can be assumed that the data is not normally distributed. W (517) = .99, p < .001. So, it is assumed that the data is not normally distributed.

Examination of the figure 4.1 shows that the distribution is approximately normal. The observed effect size KS - D is small, 0.05635. This indicates that the magnitude of the difference between the sample distribution and the normal distributions is small.

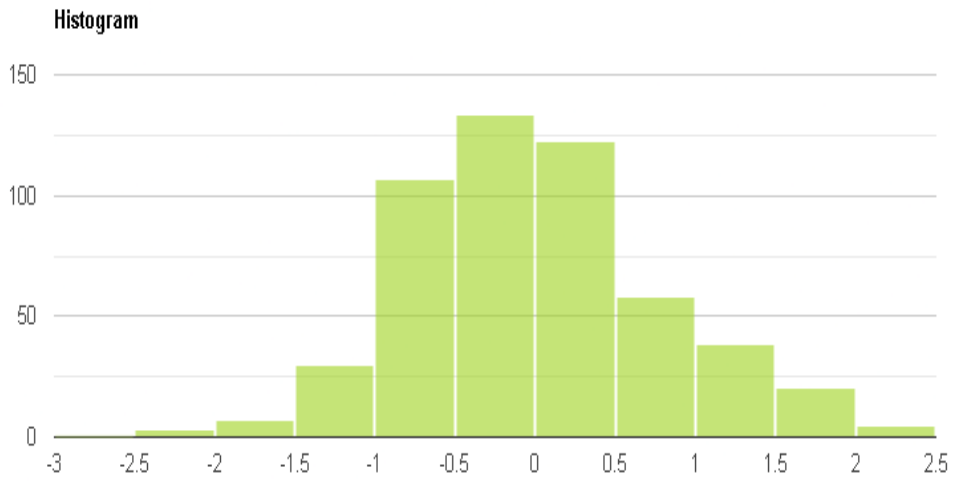


**Figure 4.2: Histogram (Shapiro-Wilk Test)**

**Source:** https://www.statskingdom.com/shapiro-wilk-test-calculator.html

Histogram of the Residuals is given in Figure 4.3. The parameters of the test of normality (tested using the calculator available on Statskingdom) of the residuals are given in Table 4.30

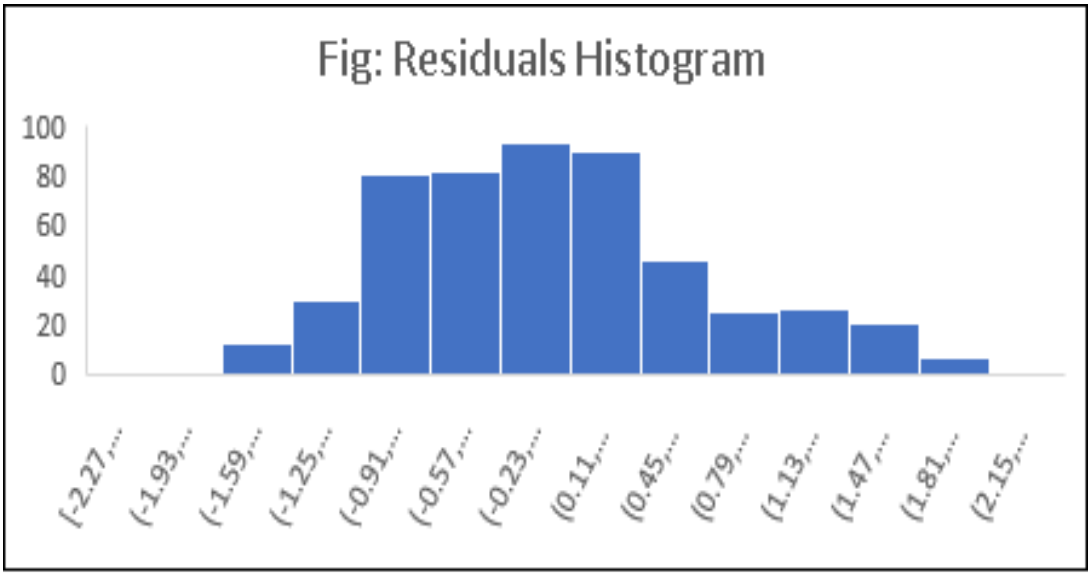


**Fig 4.3: Residuals Histogram**

**Table 4.30: Test of Normality**

| Parameter | Value |
|---|---|
| P-value | 0.00003886 |
| W | 0.9851 |
| Sample size (n) | 517 |
| Average (x̄) | -0.00003868 |
| Median | -0.06 |
| Sample Standard Deviation (S) | 0.7746 |
| Sum of Squares | 309.5646 |
| B | 17.463 |
| Skewness | 0.3632 |
| Skewness Shape | **Asymmetrical**, right/positive (pval=0.001) |
| Excess kurtosis | 0.0494 |
| Kurtosis Shape | Potentially **Mesokurtic**, normal like tails (pval=0.818) |
| Outliers | 2.03, -2.13, 2.13, 2.03, -2.27, 2.17 |

(Note: Since p-value<α, we reject the H0. [H0: Normal distribution, H1: Other distribution]

It is assumed that the data is not normally distributed. In other words, the difference between the data sample and the normal distribution is big enough to be statistically significant. The test statistic W equals 0.9851, which is not in the 95% region of acceptance: [0.9943, 1].

The Researcher notes that a violation of the assumption of normality of residuals may result in incorrect inferences *in small samples*. Both confidence intervals and p-values rely on the normality assumption, so if it is not valid then these may be inaccurate. However, in large samples (at least 10 observations per predictor, as a rule of thumb), (Schmidt and Finan 2018)) violation of the normality assumption does not have much of an impact on inferences (Weisberg 2013).

**Homoscedasticity - homogeneity of variance:**

The White test p-value equals 0 (F=268.216717). So, it is assumed that the variance is not homogeneous. This means that the coefficients' estimators are unbiased but inefficient estimators with large inaccurate standard errors, hence the statistical tests over the model and the coefficients are not accurate.

In view of this, the Researcher tried out transformation of data – Logarithm to base 10, Natural Logarithm, Square, Inverse etc. These transformations have not yielded any result of changing the heteroscedasticity of the data of residuals. Therefore, the Researcher adopted the Weighted Least Square (WLS) method for doing the multiple regression.

**Multicollinearity** occurs when two or more independent variables in a regression model are highly correlated, making it difficult to isolate the individual effect of each variable on the dependent variable. This can lead to unstable coefficient estimates and challenges in interpreting the model. Detection and addressing multicollinearity are essential for reliable regression analysis.

**Variance Inflation Factor (VIF)** is a measure used in regression analysis to assess the severity of multicollinearity in a set of independent variables. It quantifies how much the variance of an estimated regression coefficient increases when your predictors are correlated. High VIF values indicate high multicollinearity, which can lead to inflated standard errors and less reliable regression results.

The Variance Inflation Factor (VIF) is calculated using the formula $VIF = 1/(1-R2)$ where **R-Square** (also called the coefficient of determination) is the proportion of variance in the dependent variable which can be predicted from the independent variables like compensation (X1), work recognition (X2), leadership (X3), relationship with peers (X4), work environment (X5), training & development (X6) and career growth and management (X7).

In the present work there are no multicollinearity concerns as all the VIF values are smaller than 2.5 as recorded in Table 4.31.

**Table 4.31: VIF Values**

| Predictor Variable | VIF Value |
|---|---|
| Compensation (X1) | 1.5488 |
| Work Recognition (X2) | 1.6373 |
| Leadership (X3) | 1.5071 |
| Relationship with peers (X4) | 1.4784 |
| Work Environment (X5) | 2.0879 |
| Training & Development (X6) | 1.9664 |
| Career Growth and Management (X7) | 1.8985 |

**The Priori power - of the entire model (7 predictors):** The priori power should be calculated before running the regression. The power to test the entire model is strong if the power to prove that each predictor is significant is always lower than the power to test the entire model.

The results and findings of the effects of HRM practices on the intention to leave using the method of weighted Least square method of Multiple regression are shown below from Table 4.32 to 4.43.

## Weighted Least Square Method of Multiple Linear Regression

The researcher ran a Weighted Least Square (WLS) analysis of the data.

**Model Number-1**

**Table 4.32: Variables Entered/Removed**

| Model | Variables Entered | Variables Removed | Method |
|---|---|---|---|
| 1 | Career growth and management X7, Relationship with peers X4, Leadership X3, Compensation X1, Work recognition X2, Training & development X6, Work environment X5 | . | Enter |

In this analysis, each independent variable was entered in the usual fashion.

In this analysis, each independent variable was entered in the usual fashion.

a. Predictors: (Constant), X7, X4, X3, X1, X2, X6, X5

b. Dependent Variable: Y

c. Weighted Least Squares Regression - Weighted by Mean_All_Weights

In Table 4.33, R is the square root of R-Squared and is the correlation between the observed and predicted values of the dependent variable.

**Table 4.33: Model Summary**

| Model | R | R Square | Adjusted R Square | Std. Error of the Estimate |
|---|---|---|---|---|
| 1 | .524[a] | .275 | .265 | 1.1542388 |

**R-Square** (also called the coefficient of determination) is the proportion of variance in the dependent variable which can be predicted from the independent variables (X1, X2…..X7). This value indicates that 27.5% of the variance in Intention to Leave can be predicted from the variables X1 to X7 (compensation to career growth and management). This is an overall measure of the strength of association, and does not reflect the extent to which any particular independent variable is associated with the dependent variable. Since the number of observations is very large compared to the number of predictors, the values of R-squared and adjusted R-squared are closer. **Adjusted R-squared** is an unbiased estimate of the fraction of variance explained, taking into account the sample size and number of variables, and a value

of and by this the Researcher notes that just 26.5% of the variance indicates that of the dependent variable can be predicted by the independent variables.

According to Ozili (2023, p138) a R-squared that is between 0.10 and 0.50 (or between 10 percent and 50 percent when expressed in percentage) is acceptable in social science research only when some or most of the explanatory variables are statistically significant if not that model must be rejected. A model with a R-squared that is between 0.10 and 0.50 must be rejected if all the explanatory variables in the model are statistically insignificant. In this instance study, it is seen that 4 out of the 7 variables are statistically significant and so the Researcher considers the R Squared value to be acceptable.

The **Standard Error of the Estimate**, (also called the root mean square error), is the standard deviation of the error term, which is the square root of the Mean Square Residual (or Error).

The coefficient of multiple correlation (R) is 0.524. This means that there is a moderate correlation between the predicted and observed data.

The **Variance Inflation Factor** (VIF) is calculated using the formula VIF=1/(1−R2). The VIF comes to 1.379. Since the VIF value is less than 2.5, there is no multi- collinearity that is inter correlations between the predictors (X1 to X7)

**Table 4.34: ANOVA Table**

| **ANOVA[a,b]** | | | | | | |
|---|---|---|---|---|---|---|
| **Model** | | **Sum of Squares** | **DFf** | **Mean Square** | **F** | **Sig.** |
| 1 | Regression | 256.602 | 7 | 36.657 | 27.515 | .000[c] |
| | Residual | 678.124 | 509 | 1.332 | | |
| | Total | 934.726 | 516 | | | |
| a. Dependent Variable: Y | | | | | | |
| b. Weighted Least Squares Regression - Weighted by Mean_All_Weights | | | | | | |
| c. Predictors: (Constant), X7, X4, X3, X1, X2, X6, X5 | | | | | | |

In Table 4.34, the source of variance is given by Regression, Residual and Total variance. The Total variance is partitioned into the variance which can be explained by the independent variables (Regression) and the variance which is not explained by the independent variables (Residual, sometimes called Error). The Sums of Squares for the Regression and Residual add up to the Total.

The Sum of Squares (SS) are associated with the three sources of variance, Total, Model and Residual. SSTotal is the total variability around the mean i.e. SSTotal = S(Y – YBar)2 . SSResidual is the sum of squared errors in prediction, SSResidual = S(Y – YPredicted)2. SSRegression then is the squared difference between the predicted value of Y and the mean of Y, SSRegression = S(YPpredicted – YBar)2.. Finally,the relationship between the three regressions is given as SSRegression = SSTotal – SSResidual. The value of R-Square is SSRegression / SSTotal is equal to .275.. R-Square is the proportion of the variance explained by the independent variables.

The degrees of freedom (DF) are associated with the sources of variance. The total variance has N-1 degrees of freedom. In this case, there were N=517 doctors, so the DF for total is 516. The model degrees of freedom correspond to the number of predictors minus 1 (K-1). This would be 7-1 = 6, (since there were 7 independent variables in the model). As the intercept is automatically included in the model, including the intercept, there are 8 predictors, so the model has 8-1=7 degrees of freedom. The Residual degrees of freedom is the DF total minus the DF model, 516 – 7 is 509.

The Mean Squares are computed by having the Sum of Squares divided by their respective DF. (256.602/7 = 36.657)

The F ratio is obtained by dividing the Mean Square Regression by the Mean Square Residual to test the significance of the predictors in the model (36.657/1.332 = 27.515).

The p-value associated with this F value is very small (0.0000). These values are used to answer the question “Do the independent variables reliably predict the dependent variable?”. Since the p-value is smaller than compared to alpha level (0.05), and, as it is small, the Researcher concludes that

*The independent variables Compensation, Work Recognition, Leadership, Relationship with Peers, Work Environment, Training and Development, and Career Growth and Management reliably predict the dependent variable Intention to Leave.*

Since the p value < 0.05, it means that the linear regression model (the equation explained under Table 4.29) provides a better fit than the model without the independent variables. The Model without the independent variable will be Y = B0 + ε).

This is an overall significance test assessing whether the identified group of independent variables when used together reliably predicts the dependent variable. This does not address the ability of any one of the particular independent variables to predict the dependent variable. The ability of each individual independent variable to predict the dependent variable is addressed in Table 4.35.

**Table 4.35: Table of Coefficients**

| **Coefficients[a,b]** | | | | | | |
|---|---|---|---|---|---|---|
| **Model** | | **Unstandardized Coefficients** | | **Standardised Coefficients** | **t** | **Sig.** |
| | | **B** | **Std. Error** | **Beta** | | |
| 1 | (Constant) | 4.974 | .232 | | 21.448 | .000 |
| | X1- Compensation | .069 | .048 | .068 | 1.443 | .150 |
| | X2-Work Recognition | -.254 | .059 | -.209 | -4.306 | .000 |
| | X3-Leadership | -.044 | .061 | -.034 | -.731 | .465 |
| | X4-Relationship with peers | .124 | .047 | .121 | 2.629 | .009 |
| | X5-Work Environment | -.329 | .065 | -.278 | -5.068 | .000 |
| | X6-Training & Development | -.336 | .071 | -.253 | -4.748 | .000 |
| | X7- Career Growth & Management | .031 | .060 | .028 | .526 | .599 |
| a. Dependent Variable: Y | | | | | | |
| b. Weighted Least Squares Regression - Weighted by Mean_All_Weights | | | | | | |

The Unstandardized B values for the regression equation are for predicting the dependent variable from the independent variable. These are called unstandardized coefficients because they are measured in their natural units. As such, the coefficients cannot be compared with one another to determine which one is more influential in the model, because they can be measured only on different scales.

The Regression Equation is

$Y_{Ppredicted}$ = B0 + B1*X1 + B2*X2 + B3*X3 + B4*X4 + B5*X5 + B6*X6 + B7*X7.

= 4.974 +0.069X1 - 0.254X2 -0.044X3 + 0.124X4 - 0.329X5 - 0.336X6 + 0.031X7.

These estimates tell the amount of increase in Intention to Leave that would be predicted by a 1 unit increase in the predictor. For the independent variables which are not significant, the coefficients are not significantly different from 0.

The equation shows that for every unit increase in Compensation, a069 unit increase in Intention to leave is predicted, holding all other variables constant. *It is noted that X6 (Training and Development) and X5 (Work Environment) have the highest B values in the equation.* This indicates that these two independent variables are critical in determining any doctor's intention to leave their institution.

The output also gives the standard errors associated with the coefficients. The standard error is used for testing whether the parameter is significantly different from 0 by dividing the parameter estimate by the corresponding standard error to obtain the t-value. (Example: 0.069/0.048 = 1.443).

These Beta values are the standardised coefficients. These are the coefficients that are obtained by standardising all of the variables in the regression, including the dependent and all of the independent variables., in running the regression. By standardising the variables before running the regression, all of the variables are put on the same scale, and this enables comparing the magnitude of the coefficients to see which one has more of an effect. Larger betas are associated with the larger t-values. The last column provides the two-tailed p-value used in testing the null hypothesis. Coefficients having p-values less than alpha are statistically significant.

*Thus, it is seen that the variables X2 (Work Recognition), X4 (Relationship with Peers), X5 (Work Environment) and X6 (Training and Development) are statistically significant in determining Y (Intention to Leave). The above four factors namely Work Recognition, Relationship with Peers, Work Environment and Training and Development are strongly influencing Medical Doctors towards the intention to leave from the current organisation.*

Finally, the value of the Y intercept 0.000, this means that the B is significantly different from 0.

**Table 4.36: Residual Statistics**

| **Residuals Statistics[a,b]** | | | | | |
|---|---|---|---|---|---|
| | **Minimum** | **Maximum** | **Mean** | **Std. Deviation** | **N** |
| Predicted Value | 1.154881 | 4.387849 | 2.431978 | .4733782 | 517 |
| Std. Predicted Value[c] | . | . | . | . | 0 |
| Standard Error of Predicted Value | .040 | .220 | .093 | .028 | 517 |
| Adjusted Predicted Value | 1.158740 | 4.394375 | 2.432850 | .4741770 | 517 |
| Residual | -2.2775254 | 2.1803553 | .0008072 | .7745480 | 517 |
| Std. Residual[c] | . | . | . | . | 0 |
| Stud. Residual | -2.951 | 2.783 | .000 | 1.002 | 517 |
| Deleted Residual | -2.3572414 | 2.2010412 | -.0000648 | .7882365 | 517 |
| Stud. Deleted Residual | -2.973 | 2.802 | .000 | 1.004 | 517 |
| Mahal. Distance | .388 | 40.210 | 6.986 | 4.986 | 517 |
| Cook's Distance | .000 | .050 | .002 | .004 | 517 |
| Centered Leverage Value | .001 | .078 | .014 | .010 | 517 |

a. Dependent Variable: Y

b. Weighted Least Squares Regression - Weighted by Mean_All_Weights

c. Not computed for Weighted Least Squares regression.

The Researcher next studied the output results tabulated shown in the above in Table 4.36.

**Studentized Residual**

An outlier test for studentized residuals is conducted by comparing the absolute value of studentized residual with threshold value 3. In the present study the Studentized Residual Value is less than 3 and therefore within the acceptable limit. Studentized residuals are distributed according to t distribution and the probability of being greater than the threshold is less than 1%.

**Mahal Distance**

Mahalanobis' distance (MD) is a statistical measure of the extent to which cases are multivariate outliers, based on a chi-square distribution, assessed using $p < .001$.

A maximum MD larger than the critical chi-square value for DF = k (the number of predictor variables in the model) at a critical alpha value of .001 indicates the presence of one or more multivariate outliers. For 509 degrees of freedom the Chi Square Value is 416. From Table 4.36, it is seen that the computed values are less than the maximum MD value.

**Cook's Distance**

As the overall Cook's Distance is less than 0.5, the researcher concludes that there are no outliers.

**Centered Leverage Value (CLV)**

The CLV is calculated using

(n-1)/n where n is the number of observations. (516/517) = 0.998

p/n where p is the number of independent variables. (7/517) = 0.0135

3p/n = 0.0405

It is seen that the maximum value of CLV is 0.078. As the Studentized residual values, the Mahal distance, and the Cook's distance are in the acceptable range, the researcher considers the model to be adequate.

**Stepwise Multiple Linear Regression**

In the Model generated, the researcher found that variables Compensation (X1), Leadership (X3) and Career Growth and Management (X7) are non-significant. (p values > 0.05). Therefore, the researcher has run the model in a step-by-step mode to remove these variables. The results are given below.

**Table 4.37: Step Wise 1**

| Variables Entered/Removed[a,b] | | | |
|---|---|---|---|
| **Model** | **Variables Entered** | **Variables Removed** | **Method** |
| 1 | X5-Work Environment | . | Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100). |
| 2 | X6-Training & Development | . | Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100). |
| 3 | X2-Work Recognition | . | Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100). |
| 4 | X4-Relationship with peers | . | Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100). |
| a. Dependent Variable: Y | | | |
| b. Weighted Least Squares Regression - Weighted by Mean_All_Weights | | | |

Table 4.37 shows the variables that are retained have their p values are < 0.05 as seen from the MLR test done. The variables retained are X2-Work Recognition, X4-Relationship with peers, X5- Work Environment and X6- Training and Development.

**Table 4.38: Step Wise 2**

| Model Summary[e,f] | | | | |
|---|---|---|---|---|
| **Model** | **R** | **R Square** | **Adjusted R Square** | **Std. Error of the Estimate** |
| 1 | .430[a] | .185 | .183 | 1.2164064 |
| 2 | .486[b] | .237 | .234 | 1.1783099 |
| 3 | .511[c] | .262 | .257 | 1.1599625 |
| 4 | .519[d] | .270 | .264 | 1.1547600 |
| a. Predictors: (Constant), X5 | | | | |
| b. Predictors: (Constant), X5, X6 | | | | |
| c. Predictors: (Constant), X5, X6, X2 | | | | |
| d. Predictors: (Constant), X5, X6, X2, X4 | | | | |
| e. Dependent Variable: Y | | | | |
| f. Weighted Least Squares Regression - Weighted by Mean_All_Weights | | | | |

From Table 4.38, it is seen that the fourth model arrived has the predictor variables, X2-Work Recognition, X4-Relationship with peers, X5-Work Environment and X6-Training & Development. The correlation coefficient is 0.519 which shows that the correlation between the predicted and the observed values of the dependent variable is moderate.

The adjusted R squared value is 0.264 which means that 26.4% of the variance in Intention to Leave can be predicted from the variables by these four variables. With all the 7 predictors included the R squared value is 0.265. The very marginal decrease is demonstrative of the non-significance of the variables X1-Compensation, X3-Leadership, and X7-Career Growth and Management on the dependent variable (intention to leave).

**Table 4.39: Step Wise 3**

| **ANOVA[a,b]** | | | | | | |
|---|---|---|---|---|---|---|
| **Model** | | **Sum of Squares** | **DFf** | **Mean Square** | **F** | **Sig.** |
| 1 | Regression | 172.709 | 1 | 172.709 | 116.723 | .000[c] |
| | Residual | 762.017 | 515 | 1.480 | | |
| | Total | 934.726 | 516 | | | |
| 2 | Regression | 221.081 | 2 | 110.540 | 79.616 | .000[d] |
| | Residual | 713.645 | 514 | 1.388 | | |
| | Total | 934.726 | 516 | | | |
| 3 | Regression | 244.477 | 3 | 81.492 | 60.566 | .000[e] |
| | Residual | 690.248 | 513 | 1.346 | | |
| | Total | 934.726 | 516 | | | |
| 4 | Regression | 251.989 | 4 | 62.997 | 47.243 | .000[f] |
| | Residual | 682.737 | 512 | 1.333 | | |
| | Total | 934.726 | 516 | | | |
| a. Dependent Variable: Y | | | | | | |
| b. Weighted Least Squares Regression - Weighted by Mean_All_Weights | | | | | | |
| c. Predictors: (Constant), X5 | | | | | | |
| d. Predictors: (Constant), X5, X6 | | | | | | |
| e. Predictors: (Constant), X5, X6, X2 | | | | | | |
| f. Predictors: (Constant), X5, X6, X2, X4 | | | | | | |

In Model 4, the p value is < 0.05. This means that t*he independent variables Work Recognition, Relationship with Peers, Work Environment, and Training and Development reliably predict the dependent variable Intention to Leave. Hence, these above factors p values are statistically significant. This indicates that the variables involved in these factors of Work Recognition, Relationship with Peers, Work Environment, and Training and Development are agreed towards intention to leave.*

**Table 4.40: Step Wise 4**

| **Coefficients[a,b]** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Model** | | **Unstandardized Coefficients** | | **Standar -dised Coeffici ents** | **T** | **Sig.** | **95.0% Confidence Interval for B** | |
| | | **B** | **Std. Error** | **Beta** | | | **Lower Bound** | **Upper Bound** |
| 1 | (Constant) | 4.250 | .173 | | 24.523 | .000 | 3.909 | 4.590 |
| | X5-Work Environment | -.510 | .047 | -.430 | -10.804 | .000 | -.602 | -.417 |
| 2 | (Constant) | 4.851 | .196 | | 24.704 | .000 | 4.465 | 5.237 |
| | X5-Work Environment | -.332 | .055 | -.280 | -6.073 | .000 | -.440 | -.225 |
| | X6- Training & Development nt | -.362 | .061 | -.272 | -5.903 | .000 | -.482 | -.241 |
| 3 | (Constant) | 5.120 | .204 | | 25.126 | .000 | 4.719 | 5.520 |
| | X5-Work Environment | -.267 | .056 | -.225 | -4.759 | .000 | -.377 | -.157 |
| | X6-Training & Development | -.296 | .062 | -.223 | -4.749 | .000 | -.419 | -.174 |
| | X2-Work Recognition | -.223 | .053 | -.183 | -4.170 | .000 | -.328 | -.118 |
| 4 | (Constant) | 4.963 | .213 | | 23.273 | .000 | 4.544 | 5.382 |
| | X5-Work Environment | -.332 | .062 | -.280 | -5.337 | .000 | -.455 | -.210 |
| | X6-Training & Development | -.295 | .062 | -.222 | -4.755 | .000 | -.417 | -.173 |
| | X2-Work Recognition | -.223 | .053 | -.183 | -4.196 | .000 | -.328 | -.119 |
| | X4-Relationship with peers | .108 | .045 | .105 | 2.373 | .018 | .019 | .197 |

From Model 4, the regression equation is

$Y_{predicted} = 4.963 – 0.223X2 + 0.108X4 – 0.332X5 – 0.295X6$

That is $Y_{predicted}$ (Intention to Leave) = 4.963 – 0.223(Work Recognition) + 0.108(Relationship with Peers) – 0.332(Work Environment) – 0.295(Training and Development). It is seen that Work Environment (Beta -0.455), Training and Development (Beta -0.417) and Work Recognition (Beta -0.328) are the major determinants in descending order of importance.

**Table 4.41: Step Wise 5**

| Excluded Variables[a,b] | | | | | | |
|---|---|---|---|---|---|---|
| **Model** | | **Beta In** | **T** | **Sig.** | **Partial Correlation** | **Collinearity Statistics** |
| | | | | | | **Tolerance** |
| 1 | X1-Compensation | -.097c | -2.315 | .021 | -.102 | .895 |
| | X2-Work Recognition | -.236c | -5.436 | .000 | -.233 | .798 |
| | X3-Leadership | -.076c | -1.628 | .104 | -.072 | .723 |
| | X4-Relationship with peers | .106c | 2.284 | .023 | .100 | .727 |
| | X6-Training & Development | -.272c | -5.903 | .000 | -.252 | .698 |
| | X7- Career Growth & Management | -.131c | -2.930 | .004 | -.128 | .775 |
| 2 | X1-Compensation | -.014d | -.328 | .743 | -.014 | .784 |
| | X2-Work Recognition | -.183d | -4.170 | .000 | -.181 | .747 |
| | X3-Leadership | -.047[d] | -1.031 | .303 | -.045 | .714 |
| | X4-Relationship with peers | .105[d] | 2.324 | .021 | .102 | .727 |
| | X7- Career Growth & Management | -.006[d] | -.128 | .898 | -.006 | .589 |
| 3 | X1-Compensation | .055[e] | 1.194 | .233 | .053 | .689 |
| | X3-Leadership | -.016[e] | -.340 | .734 | -.015 | .693 |
| | X4-Relationship with peers | .105[e] | 2.373 | .018 | .104 | .727 |

| | | | | | | |
|---|---|---|---|---|---|---|
| | X7- Career Growth & Management | .053[e] | 1.037 | .300 | .046 | .546 |
| 4 | X1-Compensation | .074[f] | 1.617 | .107 | .071 | .670 |
| | X3-Leadership | -.039[f] | -.839 | .402 | -.037 | .665 |
| | X7- Career Growth & Management | .045[f] | .870 | .385 | .038 | .543 |

a. Dependent Variable: Y

b. Weighted Least Squares Regression - Weighted by Mean_All_Weights

c. Predictors in the Model: (Constant), X5

d. Predictors in the Model: (Constant), X5, X6

e. Predictors in the Model: (Constant), X5, X6, X2

f. Predictors in the Model: (Constant), X5, X6, X2, X4

In Table 4.41, the 'Beta In' values are the Beta values of the variables Compensation-X1, Leadership-X3 and Career growth and management-X7 if they are included in the model. It is also seen that the partial correlation values of these three variables with the Y value is very small.

**Table 4.42: Step Wise 6**

| **Residuals Statistics[a,b]** | | | | | |
|---|---|---|---|---|---|
| | **Minimum** | **Maximum** | **Mean** | **Std. Deviation** | **N** |
| Predicted Value | 1.233818 | 4.280283 | 2.430641 | .4687032 | 517 |
| Std. Predicted Value[c] | . | . | . | . | 0 |
| Standard Error of Predicted Value | .035 | .163 | .073 | .023 | 517 |
| Adjusted Predicted Value | 1.238426 | 4.288497 | 2.431216 | .4691187 | 517 |
| Residual | -2.2239854 | 2.2345231 | .0021444 | .7772756 | 517 |
| Std. Residual[c] | . | . | . | . | 0 |
| Stud. Residual | -2.858 | 2.847 | .001 | 1.001 | 517 |

| | | | | | |
|---|---|---|---|---|---|
| Deleted Residual | -2.2668552 | 2.2489479 | .0015695 | .7854903 | 517 |
| Stud. Deleted Residual | -2.878 | 2.867 | .001 | 1.003 | 517 |
| Mahal. Distance | .043 | 22.483 | 3.992 | 3.328 | 517 |
| Cook's Distance | .000 | .065 | .002 | .005 | 517 |
| Centered Leverage Value | .000 | .044 | .008 | .006 | 517 |
| a. Dependent Variable: Y | | | | | |
| b. Weighted Least Squares Regression - Weighted by Mean_All_Weights | | | | | |
| c. Not computed for Weighted Least Squares regression. | | | | | |

From Table 4.42, it is seen that the Studentized residual values, the Mahal distance, and the Cook's distance are in the acceptable range, and so the researcher considers the model to be adequate.

From the calculations above, the conclusions derived are tabulated in Table 4.43.

**Table 4.43: Results of Hypothesis**

| Hypothesis | Hypothesis framed (Predictor Variable) | p value | Results |
|---|---|---|---|
| H01 | Compensation does not significantly influence the intention of employees to leave (their current positions). (X1) | 0.150 | Accept Null Hypothesis. |
| H02 | Work Recognition does not significantly influence the intention of employees to leave (their current positions). (X2) | 0.000 | Failed to Accept Null Hypothesis. |
| H03 | Leadership does not significantly influence the intention of employees to leave (their current positions). (X3) | 0.465 | Accept Null Hypothesis |

| | | | |
|---|---|---|---|
| H04 | Relationships with peers do not significantly influence the intention of employees to leave (their current positions). (X4) | 0.009 | Failed to Accept Null Hypothesis. |
| H05 | Work Environment does not significantly influence the intention of employees to leave (their current positions). (X5) | 0.000 | Failed to Accept Null Hypothesis. |
| H06 | Training and Development does not significantly influence the intention of employees to leave (their current positions). (X6) | 0.000 | Failed to Accept Null Hypothesis. |
| H07 | Career Growth and Management does not significantly influence the intention of employees to leave (their current positions).(X7) | 0.599 | Accept Null Hypothesis |

From the analysis of the sample, the researcher concludes that Work Recognition, Relationship with Peers, Work Environment and Training and Development are the determinants of the intention to leave Doctors working in medical colleges in Tamil Nadu. This concludes that the Doctors who perceive that they are not recognized, find their work atmosphere to be monotonous, their relationships with the colleagues not coordinated and training and development not regularly provided are strongly inclined towards intention to leave their current hospital of employment in Tamil Nadu. Compensation, leadership and career growth and management factors are not influencing the Doctors towards intention to leave.

## 4.6.2 Section 2: Influence of Organisational Culture on Intention to Leave

The second study on the Influence of organisational culture and intention to leave is studied through Kruskal Wallis Test and Mann Whitney U Test and the results and findings of the same are shown below from Table 4.44 to 4.58.

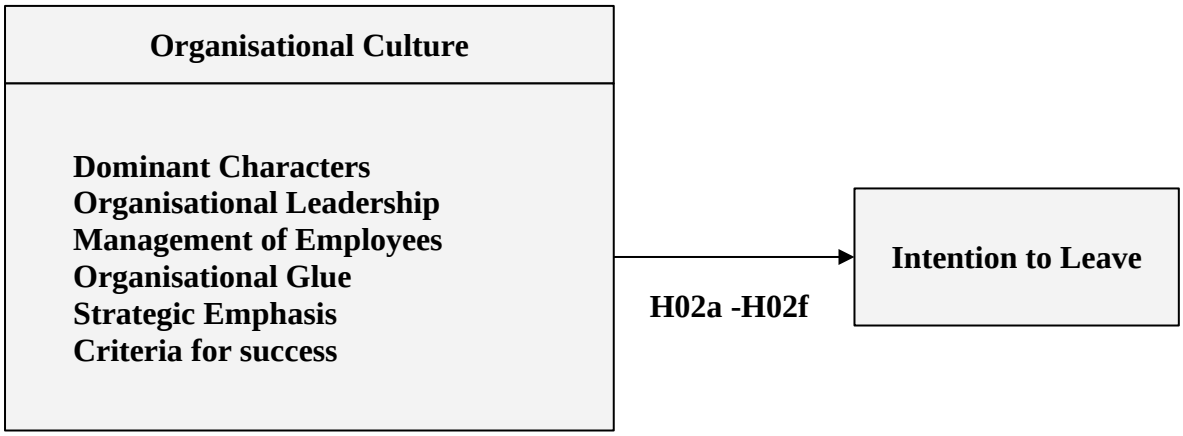


**Figure 4.4 Hypothesised Model for Section -2**

**Kruskal Wallis Test**

In the present study there is a need to examine the relationship between organisational cultures which are nominal independent variables ('Clan,' 'Adhocracy,' 'Market,' and 'Hierarchy') and dependent ordinal variables of the 'Intention to Leave.' Hence the researcher used the Kruskal-Wallis (KW) test to determine the relationship between Organisational culture and the Intention to Leave.

Methodology

Null Hypothesis (H0): There is no statistically significant difference between the four types of organisational culture and employees' intention to leave their present job.

Alternative Hypothesis (H1): There is a statistically significant difference between the four types of organisational culture and employees' intention to leave their present job.

The result of the test is given in Table 4.44.

**Table 4.44: Kruskal Wallis Test**

| Present Culture | | N | Mean Rank |
|---|---|---|---|
| Intention Score | Clan | 190 | 259.59 |
| | Adhocracy | 78 | 204.33 |
| | Market | 76 | 295.59 |
| | Hierarchy | 173 | 266.92 |
| | **Total** | **517** | |

**Test Statistics**

| | Intention Score |
|---|---|
| Chi Square | 15.669 |
| df | 3 |
| Asymp. Sig | 0.001 |

Grouping Variable: Present Culture

The test was carried out using the 'present culture' scores as this reflects on the intention of doctors to leave the organisation.

The critical value of the Kruskal Wallis (H) statistics for 3 degrees of freedom is 7.815, at 5% significance value. The calculated test statistic (H) 15.669. Since the calculated statistic value is greater than the critical value, we have failed to accept the null hypothesis the alternative hypothesis is accepted by the researcher

That is, there is a difference between the present organisational cultures in relation to the Intention to Leave.

The KW test does not provide an *inter-se* comparison of culture types. So, the researcher has employed the Mann-Whitney U Test between pairs of types of organisation culture. The result of the test is given in Table 4.45.

**Table 4.45: Mann Whitney U Test**

| | |
|---|---|
| Adhocracy-Clan | The z-score is 5.37058. The p-value is < .00001. The result is significant at $p < .05$. |
| Adhocracy-Hierarchy | The z-score is 2.59802. The p-value is .00932. The result is significant at $p < .05$. |

| | |
|---|---|
| Adhocracy - Market | The z-score is -2.31106. The p-value is .02088. The result is significant at $p < .05$. |
| | |
| Clan-Hierarchy | The z-score is 3.47161. The p-value is .00052. The result is significant at $p < .05$. |
| Clan-Market | The z-score is 3.21969. The p-value is .00128. The result is significant at $p < .05$. |
| | |
| Hierarchy - Market | The z-score is 0.40411. The p-value is .68916. The result is **not** significant at $p < .05$. |

The method of calculation of the Mann Whitney U test is shown in Table 4.45. The results show that there is a difference between Adhocracy and Clan, Adhocracy and Hierarchy, Adhocracy and Market, Clan and Hierarchy, and Clan and Market type Organisational cultures. However, surprisingly the Hierarchy and Market cultures pair p value shows that there is no difference between these two types of cultures, in this study.

**Table 4.46: Sample Calculation**

| **Hierarchy - Market** | |
|---|---|
| | |
| **Sample 1** | **Hierarchy** |
| Sum of ranks: | 21837 |
| Mean of ranks: | 126.23 |
| Expected sum of ranks: | 21625 |
| Expected mean of ranks: | 125 |
| U-value: | 6362 |
| Expected U-value: | 6574 |
| | |
| **Sample 2** | **Market** |
| Sum of ranks: | 9288 |
| Mean of ranks: | 122.21 |
| Expected sum of ranks: | 9500 |
| Expected mean of ranks: | 125 |
| U-value: | 6786 |
| Expected U-value: | 6574 |
| | |
| **Sample 1 & 2 Combined** | |
| Sum of ranks: | 31125 |
| Mean of ranks: | 125 |
| Standard Deviation: | 523.3705 |
| | |
| Significance level | 0.05 |
| Number of tails | Two |
| | |
| U Value | 2362 |
| Z-Score | 0.4041 |
| p Value | 0.6892 |

Table 4.46 above depicts the sample calculations.

### 4.6.3 Organisation Culture and Intention to leave

The researcher tested the premise that the Organisational Culture is a determinant of the intention of doctors to leave the college where they are currently employed. The Results of the tests are given in Table 4.47 and 4.48.

**Table 4.47: OC Correlation Matrix (Pearson)**

| | Intention to Leave | Clan | Adhocracy | Market | Hierarchy |
|---|---|---|---|---|---|
| Intention to Leave | 1 | -0.0206 | 0.08833 | -0.0767 | 0.02474 |
| Clan | -0.0206 | 1 | -0.2097 | -0.5948 | -0.4744 |
| Adhocracy | 0.08833 | -0.2097 | 1 | -0.0551 | -0.4509 |
| Market | -0.0767 | -0.5948 | -0.0551 | 1 | -0.144 |
| Hierarchy | 0.02474 | -0.4744 | -0.4509 | -0.144 | 1 |

**Table 4.48: OC Regression Values**

| | Coeff | SE | t-stat | Stand Coeff | p-value |
|---|---|---|---|---|---|
| Intercept | 1150.169 | 2084.406 | 0.552 | 0.000 | 0.581 |
| Clan | -229.500 | 416.881 | -0.551 | -230.441 | 0.582 |
| Adhocracy | -229.319 | 416.878 | -0.550 | -148.656 | 0.582 |
| Market | -229.581 | 416.884 | -0.551 | -174.343 | 0.582 |
| Hierarchy | -229.423 | 416.882 | -0.550 | -201.425 | 0.582 |

From the p values it is seen that predictor variables of Organisational Culture Viz. Clan, Adhocracy Market, and Hierarchy cultures are not significant predictors of the Intention to leave, either collectively or individually. (p value > 0.05, and hence we accept the Null hypothesis that Organisational culture is NOT a determinant of the Intention to leave). Therefore, the researcher concludes from the study of the sample of doctors working in medical colleges in Tamil Nadu that -

*The above results proved that the Organisational culture is NOT a determinant of the Intention to Leave as p values are statistically insignificant (p is > .05). Thus, the four styles of organisation culture such as Clan (friendly atmosphere), Adhocracy (dynamic and innovative culture), Market (Motivation culture) and Hierarchy (more formal culture) of the organisation are not influencing Doctors to leave their current institutions in Tamil Nadu.*

Interestingly, in a study of the role of Organisational Culture in Employee Intention to leave, using the OCAI tool, researchers Willams et al (2020) found that

I. There is no significant difference between dominant characteristics and employees' intention to leave their present job. ($r = 0.022$, $p = 0.815$), since $p>0.05$.
II. There is a significant difference between organisational leadership and employees' intention to leave their present job. ($r = 0.215$, $p = 0.019$), since $p<0.05$.
III. There is a significant difference between the management of employees and intention of employees to leave their present job.($r = 0.223$, $p = 0.015$), since $p<0.05$
IV. There is no significant difference between organisational glue and employees' intention to leave their present job. ($r = 0.137$, $p = 0.138$), since $p>0.05$.
V. There is no significant difference between strategic emphasis and employees' intention to leave their present job. ($r = 0.118$, $p = 203$), since $p>0.05$.
VI. There is a significant difference between the criteria of success and employees' intention to leave their present job. ($r = 0.198$, $p = 0.031$), since $p<0.05$.

There is no significant relationship between dominant characteristics, organisation glue, and strategic emphasis over employee intention to leave. However, they found that there is a significant relationship between organisational leadership, management of employees, and criteria of success over the intention to leave.

The present study has grouped the response, identifying the extent of each of the four culture types prevalent in the medical colleges and used the culture types to find the relationship between organisational culture and the intention to leave. The study finds that Organisational culture is not a determinant of the Intention to leave.

### 4.6.4 Analysis of Organisation Culture types among the Medical Colleges in Tamil Nadu based on Existing and Ideal Ranking

From Table 4.49 it is derived that medical colleges are having 'Clan' culture as either the existing or as preferred culture. So, it is concluded that 'Clan' culture prevails in medical colleges in Tamil Nadu.

**Table 4.49: Comparison of Organisational Culture Types in Tamil Nadu Colleges**

| College | | Clan | Adhocracy | Market | Hierarchy |
|---|---|---|---|---|---|
| **CMC** | Existing | 32.58 | 21.22 | 19.97 | 26.23 |
| | Ideal | 39.75 | 22.23 | 16.09 | 21.94 |
| **GCTVMalai** | Existing | 28.98 | 21.40 | 21.98 | 27.63 |
| | Ideal | 38.60 | 23.30 | 16.30 | 21.80 |
| **ACS** | Existing | 33.90 | 22.01 | 18.18 | 25.91 |
| | Ideal | 39.25 | 21.94 | 16.11 | 22.70 |
| **Karpaga** | Existing | 26.13 | 24.60 | 23.37 | 25.90 |
| | Ideal | 27.90 | 24.79 | 21.25 | 26.06 |
| **SRM** | Existing | 23.10 | 22.28 | 24.68 | 25.9023 |
| | Ideal | 29.52 | 22.82 | 22.46 | 25.19 |
| **SRMC** | Existing | 26.75 | 24.65 | 21.65 | 26.95 |
| | Ideal | 30.20 | 22.91 | 21.81 | 25.07 |
| **M.Kumaran** | Existing | 25.65 | 25.16 | 22.46 | 26.73 |
| | Ideal | 31.36 | 24.39 | 20.66 | 23.59 |
| **Anna Poor** | Existing | 25.14 | 25.99 | 24.53 | 24.35 |
| | Ideal | 30.90 | 25.94 | 20.17 | 22.99 |
| **Vinayaga** | Existing | 22.54 | 23.52 | 23.96 | 29.98 |
| | Ideal | 29.95 | 25.06 | 21.66 | 23.34 |

| | | | | | |
|---|---|---|---|---|---|
| **Adhi Para** | Existing | 27.78 | 25.14 | 24.30 | 22.78 |
| | Ideal | 27.79 | 28.03 | 19.76 | 24.42 |
| **Theni** | Existing | 28.34 | 24.61 | 23.12 | 23.93 |
| | Ideal | 31.81 | 24.73 | 21.58 | 21.88 |

Several interesting observations have been elucidated from Table 4.50 regarding the culture types of medical colleges in Tamil Nadu. Government Medical Colleges have 'Clan' Culture as existing culture and prefer to have 'Clan' culture as ideal culture. The 'Clan' culture value shows a jump from Existing to Ideal.

Private Colleges 4 out 9 (44%) private colleges have 'Hierarchy' as existing Culture. All the four colleges would like to have 'Clan' culture as their ideal culture. 1 out 9 (11%) private colleges have 'Adhocracy' as the existing Culture. This college also prefers 'Clan' as the Ideal culture. There is 1 outlier private college which has 'Clan' as the existing culture but prefers 'Adhocracy' as the Ideal culture. There are 3 out of 9 (33%) of private medical colleges that have 'Clan' Culture as existing culture and also prefer to have 'Clan' culture as ideal culture. The 'Clan' culture value shows a jump from Existing to Ideal in these three colleges.

Except in the case of the outlier, the 'Clan' culture score increases, in the case of the colleges that have selected the existing culture as 'Hierarchy' and 'Adhocracy.'

**Table: 4.50: OCAI Scores Among Teaching Colleges**

| College | Culture | Clan | Adhocracy | Market | Hierarchy | Pre-dominant Culture | Remarks |
|---|---|---|---|---|---|---|---|
| CMC | Existing | 32.58 | 21.22 | 19.97 | 26.23 | Clan | |
| CMC | Ideal | 39.75 | 22.23 | 16.09 | 21.94 | Clan | |
| TV Malai | Existing | 28.98 | 21.4 | 21.98 | 27.63 | Clan | |
| TV Malai | Ideal | 38.6 | 23.3 | 16.3 | 21.8 | Clan | |
| ACS | Existing | 33.9 | 22.01 | 18.18 | 25.91 | Clan | |
| ACS | Ideal | 39.25 | 21.94 | 16.11 | 22.7 | Clan | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Karpaga | Existing | 26.13 | 24.6 | 23.37 | 25.9 | Clan | |
| Karpaga | Ideal | 27.9 | 24.79 | 21.25 | 26.06 | Clan | |
| SRM | Existing | 23.1 | 22.28 | 24.68 | 29.94 | Hierarchy | This college prefers Clan as ideal culture |
| SRM | Ideal | 29.52 | 22.82 | 22.46 | 25.19 | Clan | |
| SRMC | Existing | 26.75 | 24.65 | 21.65 | 26.95 | Hierarchy | This college prefers Clan as ideal culture |
| SRMC | Ideal | 30.2 | 22.91 | 21.81 | 25.07 | Clan | |
| Muth | Existing | 25.65 | 25.16 | 22.46 | 26.73 | Hierarchy | This college prefers Clan as ideal culture |
| Muth | Ideal | 31.36 | 24.39 | 20.66 | 23.59 | Clan | |
| Annapoorna | Existing | 25.14 | 25.99 | 24.53 | 24.35 | Adho | This college prefers Clan as ideal culture |
| Annapoorna | Ideal | 30.9 | 25.94 | 20.17 | 22.99 | Clan | |

**Table: 4.50: OCAI Scores Among Teaching Colleges (Contd.)**

| College | Culture | Clan | Adhocracy | Market | Hierarchy | Pre-dominant Culture | Remarks |
|---|---|---|---|---|---|---|---|
| Vinayaga | Existing | 22.54 | 23.52 | 23.96 | 29.98 | Hierarchy | This college prefers Clan as ideal culture |
| Vinayaga | Ideal | 29.95 | 25.06 | 21.66 | 23.34 | Clan | |
| Adhi | Existing | 27.78 | 25.14 | 24.3 | 22.78 | Clan | An exception - This college prefers adhocracy overclan as the ideal culture |
| Adhi | Ideal | 27.79 | 28.03 | 19.76 | 24.42 | Adho | |
| Theni | Existing | 28.34 | 24.61 | 23.12 | 23.93 | Clan | |
| Theni | Ideal | 31.81 | 24.73 | 21.58 | 21.88 | Clan | |

Form Table 4.51 and Figure 4.5 which compares the four types of cultures prevalent in the different medical colleges.

It is inferred from the above table and chart that clan type of culture is the preferred or predominant culture in the following hospitals CMC, Thiruvannamalai, ACS, Karpaga Vinayagar, Adhiparasakthi and Govt. Theni Colleges among the Existing culture in Tamil Nadu.

This is followed by the Hierarchy type of culture being the predominant cultureThese hospitals are SRM, Ramachandra, Muthukumaran, and Vinayaka Mission. Finally, Doctors working in Annapoorna College have preferred the Adhocracy type of Culture.

**Table 4.51: Existing OCAI Scores of all Colleges**

| Colleges | Clan | Adhocracy | Market | Hierarchy | Predominant Culture |
|---|---|---|---|---|---|
| CMC | 32.58 | 21.22 | 19.97 | 26.23 | Clan |
| TV Malai | 28.98 | 21.40 | 21.98 | 27.63 | Clan |
| ACS | 33.90 | 22.01 | 18.18 | 25.91 | Clan |
| Karpaga | 26.13 | 24.60 | 23.37 | 25.90 | Clan |
| SRM | 23.10 | 22.28 | 24.68 | 29.94 | Hierarchy |
| SRMC | 26.75 | 24.65 | 21.65 | 26.95 | Hierarchy |
| Muth | 25.65 | 25.16 | 22.46 | 26.73 | Hierarchy |
| Annapoorna | 25.14 | 25.99 | 24.53 | 24.35 | Adho |
| Vinayaga | 22.54 | 23.52 | 23.96 | 29.98 | Hierarchy |
| Adhi | 27.78 | 25.14 | 24.30 | 22.78 | Clan |
| Theni | 28.34 | 24.61 | 23.12 | 23.93 | Clan |

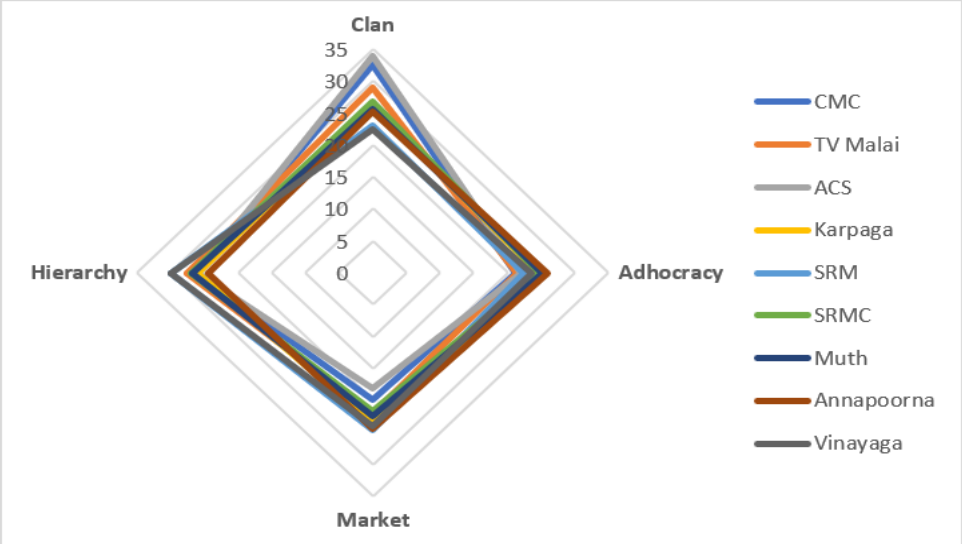


**Figure 4.5: Existing Culture Compared**

It is evident from the above Table 4.52 and Figure 4.6 that the Doctors working in 10 Medical Colleges namely CMC, Thiruvannamalai, ACS, Karpaga Vinayagar, Govt. Theni, SRM, Ramachandra, Muthukumaran, Vinayaka Mission, and Annaporna prefer Clan type of culture i.e., expecting teamwork and team spirit from the peers. Finally, Doctors working in Adhiparasakthi College prefer Adhocracy in the working atmosphere among the Ideal culture

**Table 4.52: Ideal OCAI Scores of all Colleges**

| Colleges | Clan | Adhocracy | Market | Hierarchy | Predominant Culture |
|---|---|---|---|---|---|
| CMC | 39.75 | 22.23 | 16.09 | 21.94 | Clan |
| TV Malai | 38.60 | 23.30 | 16.30 | 21.80 | Clan |
| ACS | 39.25 | 21.94 | 16.11 | 22.70 | Clan |
| Karpaga | 27.90 | 24.79 | 21.25 | 26.06 | Clan |
| SRM | 29.52 | 22.82 | 22.46 | 25.19 | Clan |
| SRMC | 30.20 | 22.91 | 21.81 | 25.07 | Clan |
| Muth | 31.36 | 24.39 | 20.66 | 23.59 | Clan |
| Annapoorna | 30.90 | 25.94 | 20.17 | 22.99 | Clan |
| Vinayaga | 29.95 | 25.06 | 21.66 | 23.34 | Clan |
| Adhi | 27.79 | 28.03 | 19.76 | 24.42 | Adho |
| Theni | 31.81 | 24.73 | 21.58 | 21.88 | Clan |

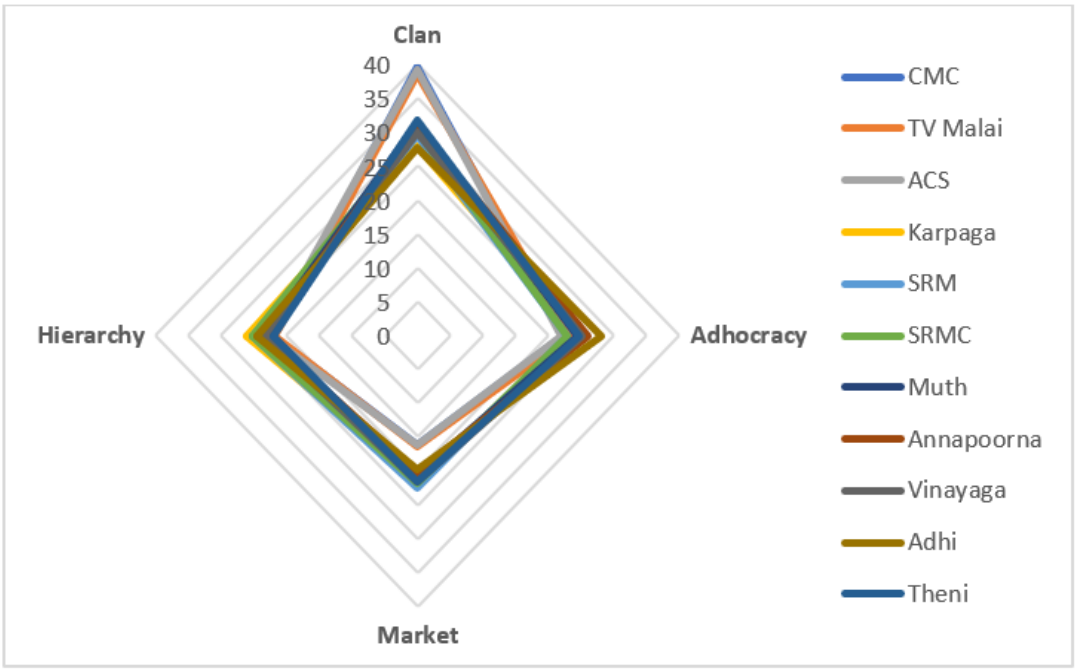


**Figure 4.6: Ideal Culture Compared**

It is observed from the Table 4.53 and Figure 4.7 chart that the Doctors in the Thiruvannamalai and Theni Government Medical College work predominantly in the preferred Clan type of culture which is both the existing and their preferred culture.

**Table 4.53: Government Colleges Comparison**

| Colleges | Ranks | Clan | Adhocracy | Market | Hierarchy | Predominant Culture |
|---|---|---|---|---|---|---|
| TV Malai | Existing | 28.98 | 21.40 | 21.98 | 27.63 | Clan |
| TV Malai | Ideal | 38.60 | 23.30 | 16.30 | 21.80 | Clan |
| Theni | Existing | 28.34 | 24.61 | 23.12 | 23.93 | Clan |
| Theni | Ideal | 31.81 | 24.73 | 21.58 | 21.88 | Clan |

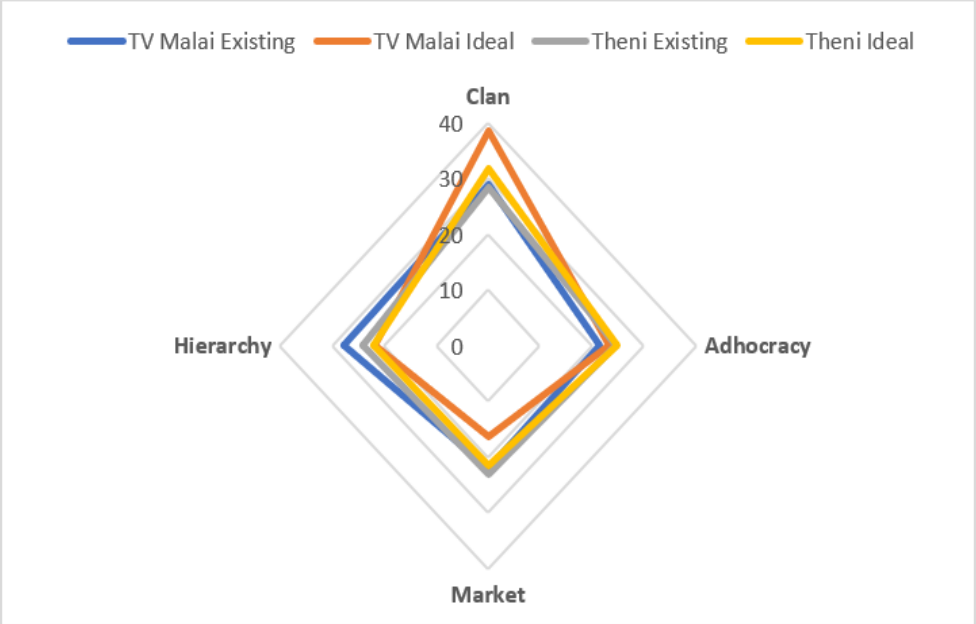


**Figure 4.7: Cultural Scores- Government Colleges Compared**

It is revealed from Table 4.54 and Figure 4.8 that the above table and chart Doctors working in CMC, ACS, and Karpaga Vinayagar Medical Colleges do so under the Clan type of Organisational Culture which is also their ideal culture. Further, Doctors working in SRM, Ramachandra, Muthukumaran, and Vinayaga Mission Medical Colleges work in the Hierarchy culture although the doctors prefer the Clan culture as the ideal culture.

Finally, Doctors working in Annaporna and Adhiparasakthi work in the preferred Adhocracy (creative thinking and adjustable colleagues) and Clan type of cultures which is also their existing and ideal cultures.

**Table 4.54: Private Colleges Comparison**

| Colleges | Ranks | Clan | Adhocracy | Market | Hierarchy | Predominant Culture |
|---|---|---|---|---|---|---|
| CMC | Existing | 32.58 | 21.22 | 19.97 | 26.23 | Clan |
| CMC | Ideal | 39.75 | 22.23 | 16.09 | 21.94 | Clan |
| ACS | Existing | 33.90 | 22.01 | 18.18 | 25.91 | Clan |
| ACS | Ideal | 39.25 | 21.94 | 16.11 | 22.70 | Clan |
| Karpaga | Existing | 26.13 | 24.60 | 23.37 | 25.90 | Clan |
| Karpaga | Ideal | 27.90 | 24.79 | 21.25 | 26.06 | Clan |
| SRM | Existing | 23.10 | 22.28 | 24.68 | 29.94 | Hierarchy |
| SRM | Ideal | 29.52 | 22.82 | 22.46 | 25.19 | Clan |
| SRMC | Existing | 26.75 | 24.65 | 21.65 | 26.95 | Hierarchy |
| SRMC | Ideal | 30.20 | 22.91 | 21.81 | 25.07 | Clan |
| Muth | Existing | 25.65 | 25.16 | 22.46 | 26.73 | Hierarchy |
| Muth | Ideal | 31.36 | 24.39 | 20.66 | 23.59 | Clan |
| Annapoorna | Existing | 25.14 | 25.99 | 24.53 | 24.35 | Adho |
| Annapoorna | Ideal | 30.90 | 25.94 | 20.17 | 22.99 | Clan |
| Vinayaga | Existing | 22.54 | 23.52 | 23.96 | 29.98 | Hierarchy |
| Vinayaga | Ideal | 29.95 | 25.06 | 21.66 | 23.34 | Clan |
| Adhi | Existing | 27.78 | 25.14 | 24.30 | 22.78 | Clan |

| | | | | | | |
|---|---|---|---|---|---|---|
| Adhi | Ideal | 27.79 | 28.03 | 19.76 | 24.42 | Adho |


**Figure 4.8: Cultural Scores- Private Colleges Compared**

It is understood from the above Table 4.55 and Figure 4.9 and chart that the Doctors in the Thiruvannamalai and Theni Government Medical College work in a predominantly preferred Clan type in existing culture in Tamil Nadu.

**Table 4.55: Government Colleges Comparison – Existing Cultural Scores**

| Colleges | Clan | Adhocracy | Market | Hierarchy | Predominant Culture |
|---|---|---|---|---|---|
| TV Malai | 28.9831 | 21.4011 | 21.9831 | 27.6328 | Clan |
| Theni | 28.3448 | 24.6063 | 23.1178 | 23.931 | Clan |

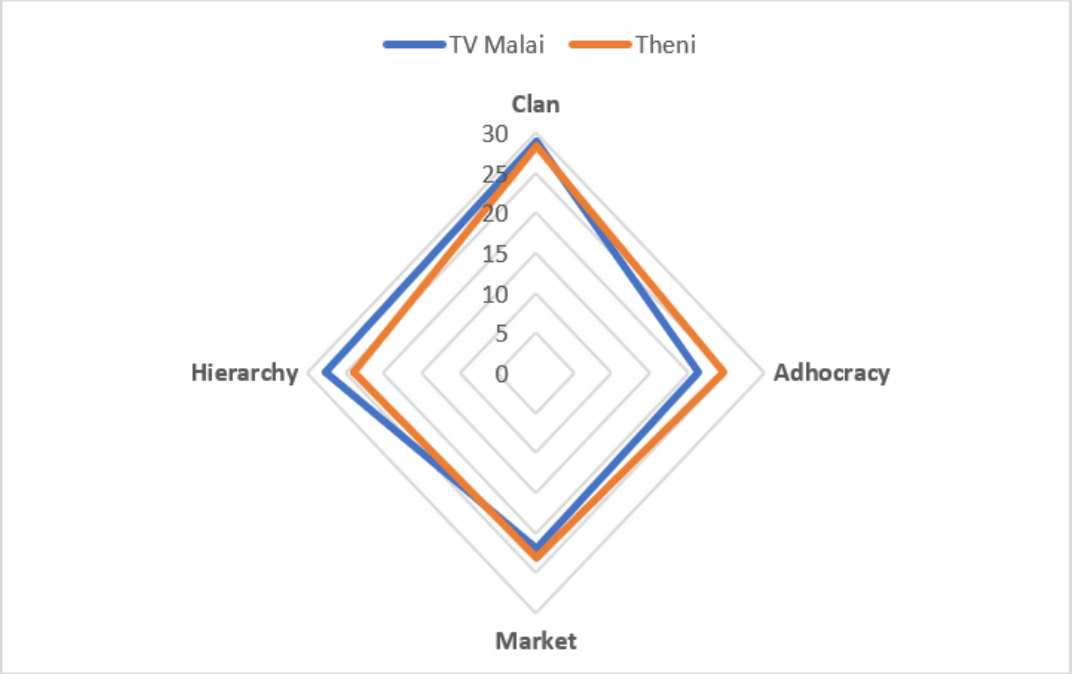


**Fig 4.9: Government Colleges- Existing Culture Comparison**

From Table 4.56 and Figure 4.10 it is clear that the doctors in the Thiruvannamalai and Theni Government Medical Colleges prefer Clan type in Ideal culture to work in Tamil Nadu.

**Table 4.56: Government Colleges Comparison – Ideal Cultural Scores**

| Colleges | Clan | Adhocracy | Market | Hierarchy | Predominant Culture |
|---|---|---|---|---|---|
| TV Malai | 38.5989 | 23.3023 | 16.2966 | 21.8023 | Clan |
| Theni | 31.8075 | 24.7328 | 21.5805 | 21.8793 | Clan |

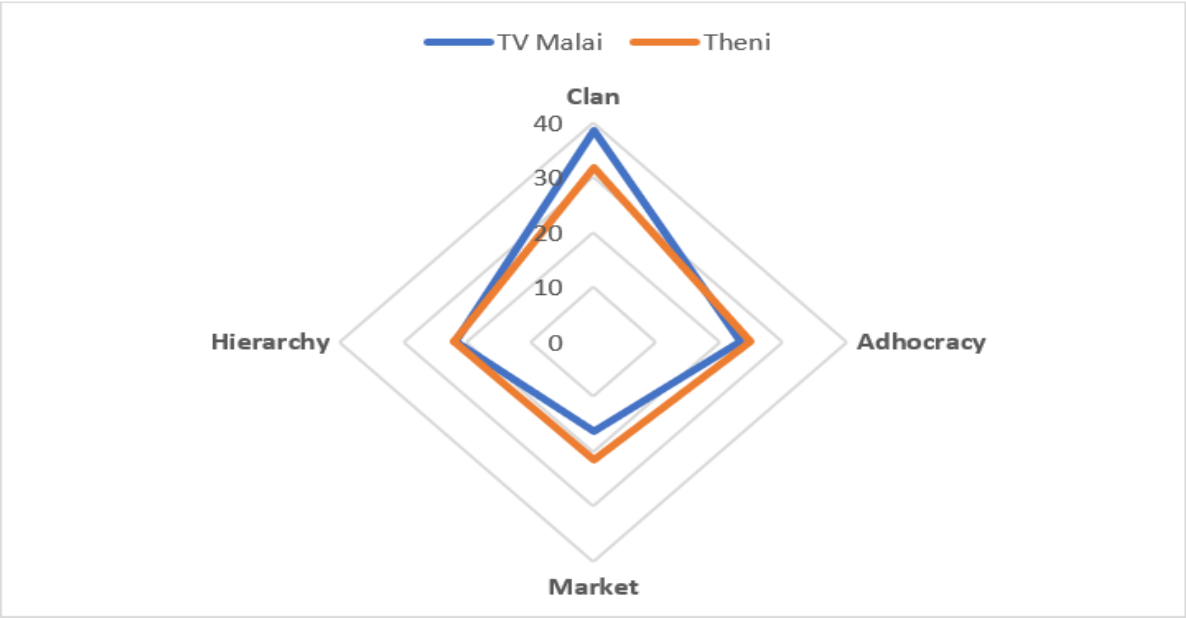


**Fig 4.10: Government Colleges- Ideal Culture Comparison**

It is found from Table 4.57 and Figure 4.11 that Doctors in the 11 Medical Colleges at Tamil Nadu are working in a predominant Clan culture.

**Table 4.57: Private Colleges Comparison – Existing Cultural Scores**

| Colleges | Clan | Adhocracy | Market | Hierarchy |
|---|---|---|---|---|
| CMC | 39.75 | 22.23 | 16.09 | 21.94 |
| ACS | 39.25 | 21.94 | 16.11 | 22.70 |
| Karpaga | 27.90 | 24.79 | 21.25 | 26.06 |
| SRM | 29.52 | 22.82 | 22.46 | 25.19 |
| SRMC | 30.20 | 22.91 | 21.81 | 25.07 |
| Muth | 31.36 | 24.39 | 20.66 | 23.59 |
| Annapoorna | 30.90 | 25.94 | 20.17 | 22.99 |

| | | | | |
|---|---|---|---|---|
| Vinayaga | 29.95 | 25.06 | 21.66 | 23.34 |
| Adhi | 27.79 | 28.03 | 19.76 | 24.42 |

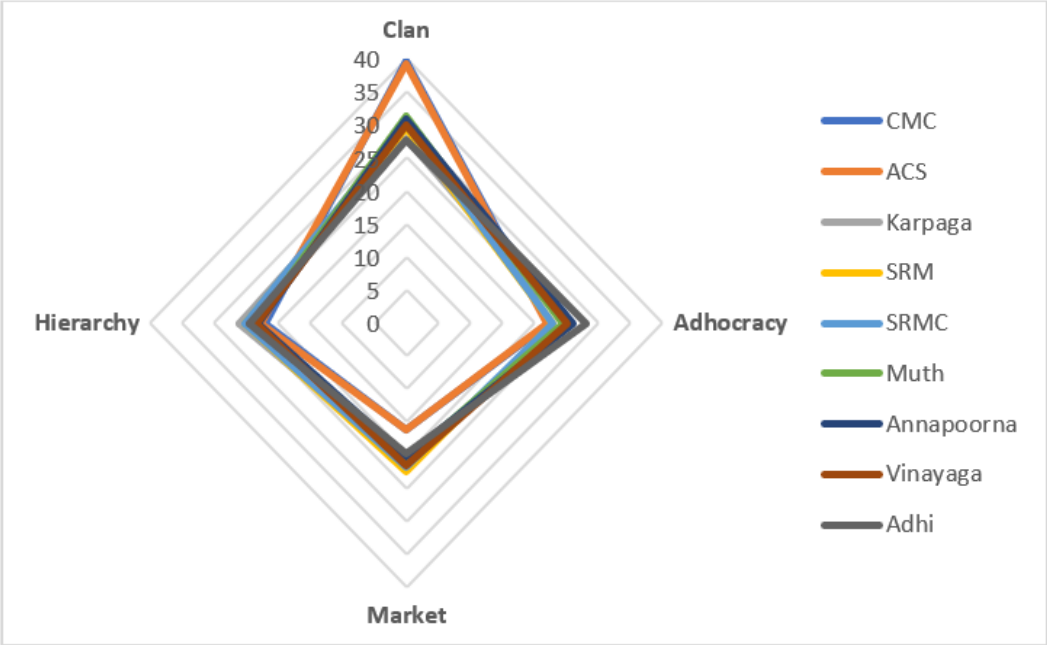


**Figure 4.11: Private Colleges Comparison- Existing Culture Scores**

From Table 4.58 and Figure 4.12 it is inferred from the above table and chart that the Doctors in the 11 Medical Colleges at Tamil Nadu prefer Clan in ideal culture.

**Table 4.58: Private Colleges Comparison – Ideal Cultural Scores**

| Colleges | Clan | Adhocracy | Market | Hierarchy |
|---|---|---|---|---|
| CMC | 32.58 | 21.22 | 19.97 | 26.23 |
| ACS | 33.90 | 22.01 | 18.18 | 25.91 |
| Karpaga | 26.13 | 24.60 | 23.37 | 25.90 |
| SRM | 23.10 | 22.28 | 24.68 | 29.94 |

| | | | | |
|---|---|---|---|---|
| SRMC | 26.75 | 24.65 | 21.65 | 26.95 |
| Muth | 25.65 | 25.16 | 22.46 | 26.73 |
| Annapoorna | 25.14 | 25.99 | 24.53 | 24.35 |
| Vinayaga | 22.54 | 23.52 | 23.96 | 29.98 |
| Adhi | 27.78 | 25.14 | 24.30 | 22.78 |

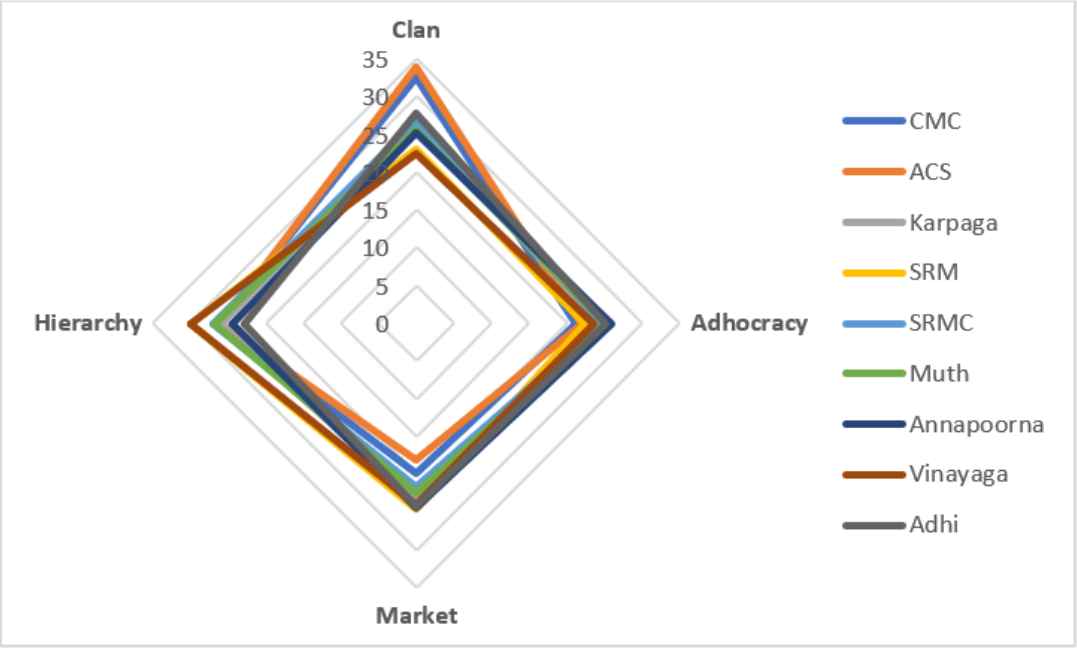


**Fig 4.12: Private Colleges Comparison- Ideal Culture Scores**

From the above OCAI analysis it is evident that Doctors working in 11 Medical Colleges undertaken for the study inclusive of both Government and Private prefer the most predominant type of Clan in both existing and ideal cultures. As representatives of the doctors of the state it can be safely said that the clan culture is the predominantly existing and ideal organisational culture for doctors in Tamil Nadu. The next culture type preferred by the doctors is the Hierarchy type of culture. This implies that Doctors prefer well-coordinated and communicated working culture as well as environment. Further, they would like to follow a very strict flow of hierarchy as well as instructions.

### 4.6.5 Section 3: Effects of Professional Variables on the Intention to Leave

The Hypothesised Model for the Section-3 is presented in Figure 4.13. This study on the influence of professional variables on the intention to leave i.e. Comparative Analysis between "Type of College working" and "Action taken for job search" is studied through Chi Square test and Z test and the results and findings of the same are shown below from Table 4.59 to 4.68.

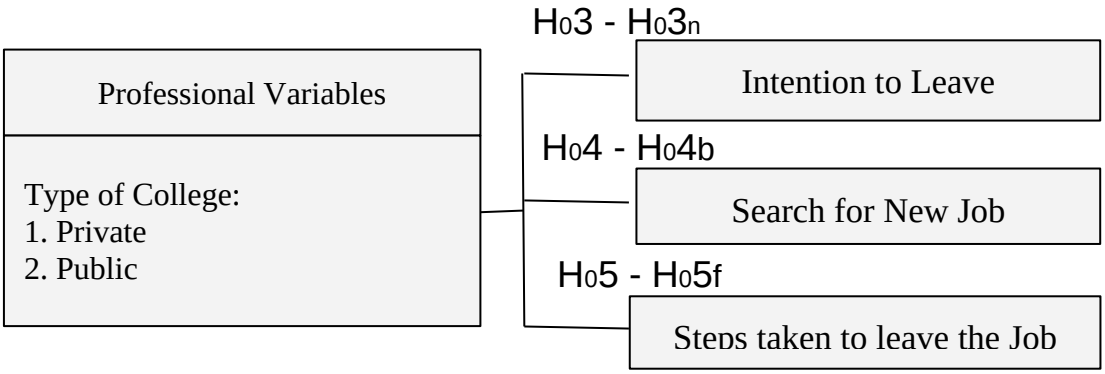


**Figure 4.13 Hypothesised Model for the Study**

Table 4.59 compares the responses of the doctors with respect to their intention to leave based on the type of college work in by the respondents.

**Table 4.59: Comparison for Type of Colleges and Intention to Leave**

| Criteria | Government College Doctors | Private College Doctors | Total Respondents |
|---|---|---|---|
| Doctors with no intention to leave | 51 | 193 | **244** |
| Doctors who have intention to leave | 66 | 207 | **273** |
| **Total Count** | **117** | **400** | **517** |

From Table 4.59 it is clear that 47.2% (244) of the respondents comprising both Government and Private Colleges recorded that they are fully satisfied with their college and that they have no intention to leave. The researcher concludes that the rest of the respondents

52.8% (273) are inclined to leave. From the analysis of the responses to the questionnaire, the researcher determined the respondents' felt reasons for leaving.

From Table 4.60 it is seen that the top 10 reasons (top 10) for doctors having an intention to leave are (in descending order): Dissatisfaction with the current earnings (22.8%), Need to be nearer to the home town (18.0%), Unhappiness on career progression (17.0%), Lack of annual increments (16.4%), Lack of training opportunities (14.5%), Dissatisfaction with the policies (13.2%), Higher pay packet offered elsewhere (13.2%), Higher posts offered elsewhere (10.6%), The working hours (9.9%), and Unhappiness with colleagues and superiors (9.9%)

**Table 4.60: Detailed Analysis of Type of College with Reasons for Leaving the Job**

| Description - Reason for leaving | Count | Percent on Total (517) | Govt Doctors Count | Percent on Govt Total (117) | Private Doctors Count | Percent on Private Total (400) |
|---|---|---|---|---|---|---|
| No intention to leave | 244 | 47.2% | 51 | 43.6% | 193 | 48.3% |
| Dissatisfaction with earnings | 118 | 22.8% | 36 | 30.8% | 82 | 20.5% |
| To be near native place | 93 | 18.0% | 11 | 9.4% | 57 | 14.3% |
| Unhappiness on Career Progression | 88 | 17.0% | 26 | 22.2% | 62 | 15.5% |
| Lack of annual increments | 85 | 16.4% | 30 | 25.6% | 45 | 11.3% |
| Lack of training opportunities | 75 | 14.5% | 7 | 6.0% | 32 | 8.0% |
| Dissatisfaction with Policies | 68 | 13.2% | 7 | 6.0% | 44 | 11.0% |
| Higher pay packet in other institutions | 68 | 13.2% | 13 | 11.1% | 32 | 8.0% |
| Higher promotion elsewhere | 55 | 10.6% | 15 | 12.8% | 40 | 10.0% |
| Working Hours. | 51 | 9.9% | 15 | 12.8% | 53 | 13.3% |

| | | | | | | |
|---|---|---|---|---|---|---|
| Unhappiness with colleagues / superiors. | 45 | 8.7% | 32 | 27.4% | 61 | 15.3% |
| Start private practice | 42 | 8.1% | 11 | 9.4% | 31 | 7.8% |
| Dissatisfaction with job nature | 39 | 7.5% | 1 | 0.9% | 13 | 3.3% |
| Delayed Salaries. | 16 | 3.1% | 19 | 16.2% | 66 | 16.5% |
| Upcoming retirement | 14 | 2.7% | 4 | 3.4% | 12 | 3.0% |

The following hypothesis has then been tested.

$H_0$: There is no statistically significant difference in reason for leaving their present assignment between doctors working in government colleges and those working in private institutions.

**Table 4.61 Test of Hypothesis – Z Test**

| | |
|---|---|
| Z Value | -0.8882 |
| P | 0.3744 |
| At 5% level of significance | |
| As p value > α | Accept Null hypothesis |

The test result shows that in respect of intention to leave the present job, there is no difference between the doctors employed in government colleges and doctors in private institutions as the p (0.3744) value is statistically insignificant at 5 percent level. Hence, the Doctors working irrespective of the type of College (Government Medical College and Private Medical Institutions) possess the same level (no difference) of influence for intention to leave the current job in their respective hospital/ institutions. The researcher has also tested the hypothesis of the difference in the reasons (difference in proportion) attributed to for the intention to leave. The results are tabulated in Table 4.62.

The test shows that -

- There is a difference between doctors employed in government colleges and doctors in private colleges in the aspects of ‘Dissatisfaction with the earnings.’ and ‘Lack of annual increments.’ Government doctors are more dissatisfied compared to the doctors in the

private institutions. This may be attributed to the possibility of higher pay packets and increments that may be offered by private institutions. This is unverified in the present study.

- There is a difference between doctors employed in government colleges and doctors in private colleges in the aspect of 'Unhappiness with colleagues / superiors.' It is seen that in this aspect Government doctors are more dissatisfied compared to the doctors in the private institutions.
- In terms of the other reasons, (1) dissatisfaction with college policies, (2) Unhappiness with career progression in the college, (3) Lack of training opportunities, (4) Dissatisfaction with the nature of the present job, (5) The working hours in the job, (6) Offer for higher promotion from elsewhere, (7) Offer for higher pay packet from another Institution, (8) Need to be closer to native place of self or spouse, (9) Intention to go into private practice, (10) Upcoming retirement, and (11) Delayed release of salaries, the results show that there is no difference between doctors in government institutions and private institutions.

**Table 4.62: Test of Differences Between the Different Type of Colleges and Reason for Leaving the Job**

| Cause | Govt | Private | p value[1] | Hypothesis-Acceptance |
|---|---|---|---|---|
| Dissatisfaction with earnings | 36 | 82 | 0.0199 | Failed to Accept Null Hypothesis |
| To be near native place | 11 | 57 | 0.1723 | Accept Null Hypothesis |
| Unhappiness on Career Progression | 26 | 62 | 0.0888 | Accept Null Hypothesis |
| Lack of annual increments | 30 | 45 | 0.0001 | Failed to Accept Null Hypothesis |
| Lack of training opportunities | 7 | 32 | 0.4674 | Accept Null Hypothesis |
| Dissatisfaction with Policies | 7 | 44 | 0.1094 | Accept Null Hypothesis |

[1] Calculator used: https://stats.libretexts.org/Courses/Lake_Tahoe_Community_College/Book%3A_Introductory_Statistics_(OpenStax)_With_Multimedia_and_Interactivity/10%3A_Hypothesis_Testing_and_Confidence_Intervals_with_Two_Samples/10.04%3A_Comparing_Two_Independent_Population_Proportions#:~:text=A%20hypothesis%20test%20can%20help,%3ApA%3DpB.

| | | | | |
|---|---|---|---|---|
| Higher pay packet | 13 | 32 | 0.2937 | Accept Null Hypothesis |
| Higher promotion elsewhere | 15 | 40 | 0.3841 | Accept Null Hypothesis |
| Working Hours. | 15 | 53 | 0.9038 | Accept Null Hypothesis |
| Unhappiness with colleagues / superiors. | 32 | 61 | 0.0027 | Failed to Accept Null Hypothesis |
| Start private practice | 11 | 31 | 0.5651 | Accept Null Hypothesis |
| Dissatisfaction with job nature | 1 | 13 | 0.1603 | Accept Null Hypothesis |
| Delayed Salaries. | 19 | 66 | 0.9466 | Accept Null Hypothesis |
| Upcoming retirement | 4 | 12 | 0.8180 | Accept Null Hypothesis |
| No intention | 51 | 193 | 0.3744 | Accept Null Hypothesis |

From the response, it is seen that the prominent reasons for doctors working in government hospitals considering change of jobs are:

- Dissatisfaction with the current earnings,
- Unhappiness with colleagues/superiors,
- Lack of annual increments, and
- Unhappiness with career progression.

In the case of the doctors employed in private medical colleges, the important reasons for considering the change of job are:

- Dissatisfaction with earnings,
- Delayed Salaries,
- Unhappiness with career progression, and
- Unhappiness with colleagues/superiors.

The comparative chart is given in Figure 4.14. The chart shows four spikes for government doctors, while for those in the private sector it is almost flat across many reasons. The chart shows nearly the same level for the reason ‘Delayed Salaries’ for both categories of doctors.

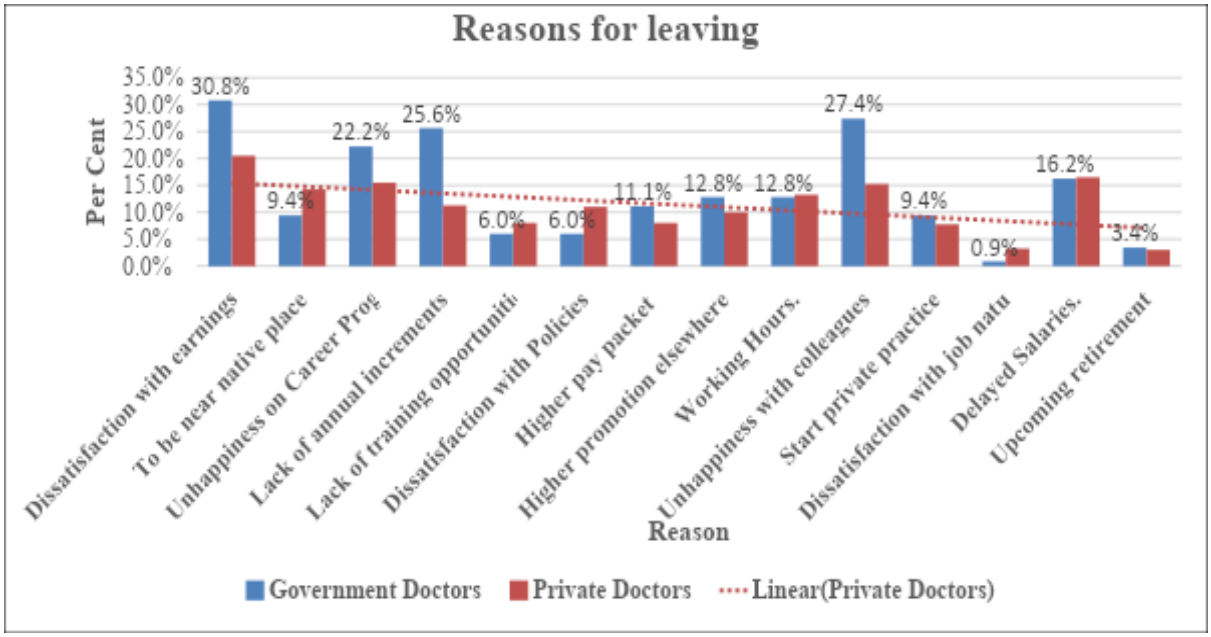


**Fig 4.14: Reasons for Leaving – Comparison of Doctors in Government Colleges with Doctors in Private Colleges**

Study of actions initiated by respondents on searching for another jobs. A set of questions were framed and respondents were asked to select the action taken by them for changing the job. The period was restricted to the immediate last six months of the survey. One response provided was 'Not Applicable.' A positive 'Yes' to this question is deemed as no action is initiated by the respondent for changing the job. The details are given in Table 4.63.

**Table 4.63: Comparative Analysis Between the Type of College Over Actions Taken for Change of Job**

| Action taken for Job Change | Count | Per cent on total (517) | Govt Doctors | Per cent on Govt doctors (117) | Private Doctors | Per cent on Private Doctors (400) |
|---|---|---|---|---|---|---|
| Inter-department transfer applied. | 7 | 1.35% | 3 | 2.56% | 4 | 1.00% |
| Applied for higher post within college | 25 | 4.84% | 4 | 3.42% | 21 | 5.25% |
| Applied to another Institution. | 10 | 1.93% | 1 | 0.85% | 9 | 2.25% |
| Applied for hospital job | 7 | 1.35% | 2 | 1.71% | 5 | 1.25% |

| | | | | | | |
|---|---|---|---|---|---|---|
| Placed bio-data in job portals | 27 | 5.22% | 1 | 0.85% | 26 | 6.50% |
| Head hunted by another Institution | 26 | 5.03% | 1 | 0.85% | 25 | 6.25% |
| Head hunted by another hospital | 20 | 3.87% | 2 | 1.71% | 18 | 4.50% |
| Approached by a recruitment agency | 48 | 9.28% | 1 | 0.85% | 47 | 11.75% |
| **Not applicable (b)** | **437** | **84.53% (437/517)** | **107** | **91.45% (107/117)** | **330** | **82.50% (330/400)** |
| **Total (a)** | **517** | | **117** | | **400** | |
| **Tried in last 6 months (a-b)** | **80** | **15.47% (80/517)** | **10** | **8.55% (10/117)** | **70** | **17.50% (70/400))** |

Table 4.63 shows that an overwhelming 84.5% of the respondents have selected the "Not Applicable" option. This is construed as not actively searching for a new job. 91.4% of doctors in government colleges and 82.5% of doctors in private colleges have selected the option.

**The researcher frames the hypothesis**

The hypothesis to be tested is stated as

$H_0$: There is no statistically significant difference in Doctors' who are not searching for a new job between the proportion of doctors working in government colleges and those working in private colleges.

The result of the test is given in Table 4.64

**Table 4.64: Test of Hypothesis - Proportion of Doctors and Not in Search of a New Job**

| Criterion | Count of Government Doctors | Count of private doctors | p value | Test |
|---|---|---|---|---|
| Not Applicable | 107 | 330 | 0.0185 | Failed to Accept Null Hypothesis |

Since the p value is less than the level of significance, we Failed to Accept the null hypothesis, and conclude that there is a difference between government doctors and private doctors who are not actively searching for a job. Thus, it is clearly observed that the Doctors working in the Government College (107-91.45%) are not actively searching for the job as

compared to the Doctors working in Private Institutions (330-82.5%) in Tamil Nadu. Conversely, it is derived that there is a difference between government doctors and private doctors in the aspect of searching for a job.

**Table 4.65: Test of Hypothesis - Type of College and Search for a New Job**

| Action | Govt Doctors | Private Doctors | p value | Test Hypothesis |
|---|---|---|---|---|
| Tried in last 6 months | 10 | 70 | 0.0185 | Failed to Accept Null Hypothesis |

In terms of percentages, the proportion of private doctors (70-17.50%) who have searched for a new job in the six-month window is double that of doctors working in government hospitals (10-8.55%). Table 4.65 is a comparative presentation of the actions between government doctors and private doctors. This is also shown in Figure 4.15.

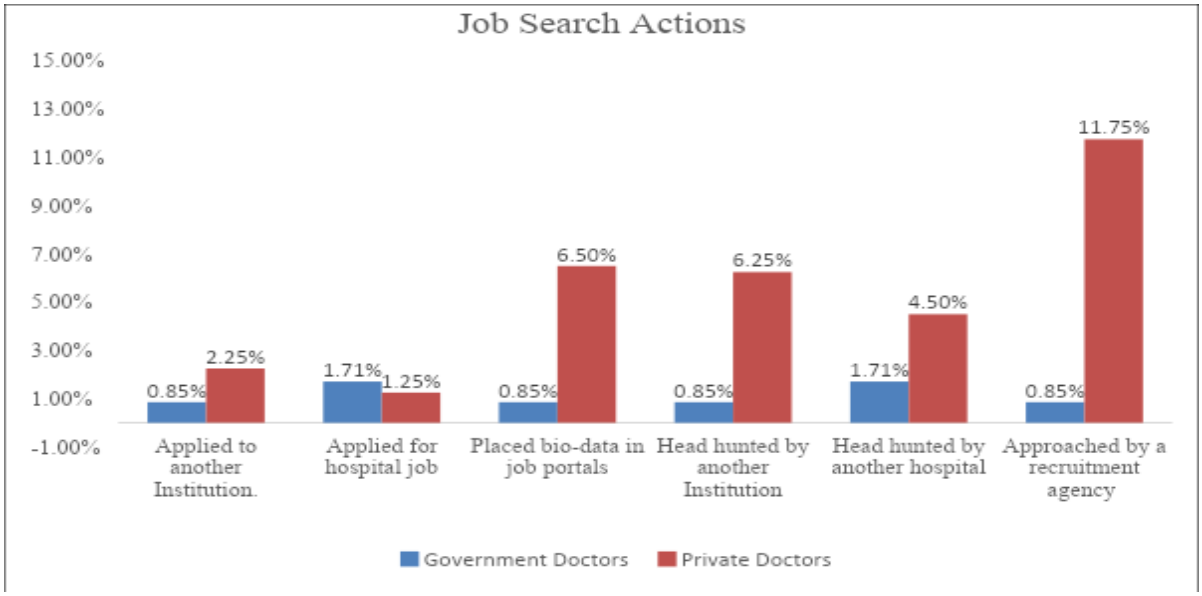


**Fig 4.15: Job Search Actions**

The researcher takes the position that affirmative action taken by the respondents towards leaving the present job is an indirect indicator of retention.

The following hypothesis was tested:

$H_0$: There is no statistically significant difference in steps taken to leave the organisation where they are currently employed and the proportion of doctors working in Government and those working in Private Medical Colleges.

The results of the tests are given in Table 4.66.

**Table 4.66: Test of Hypothesis - Type of College and Steps Taken to Leave**

| Action | Govt Doctors | Private Doctors | p value | Test Hypothesis |
|---|---|---|---|---|
| Applied to another Institution. | 1 | 9 | 0.3351 | Accept Null Hypothesis |
| Applied for hospital job | 2 | 5 | 0.7053 | Accept Null Hypothesis |
| Placed bio-data in job portals | 1 | 26 | 0.0158 | Failed to Accept Null Hypothesis |
| Head hunted by another Institution | 1 | 25 | 0.0188 | Failed to Accept Null Hypothesis |
| Head hunted by another hospital | 2 | 18 | 0.1686 | Accept Null Hypothesis |
| Approached by a recruitment agency | 1 | 47 | 0.0003 | Failed to Accept Null Hypothesis |

It is seen that there is difference between government doctors and private doctors on activities of:

- Placing bio-data on job portals,
- Head hunted by another Institution, and
- Approached by a recruiting agency.

Table 4.66 shows that the percentage of government doctors is negligible, whereas for the private sector, the proportions are manifold times greater than that of the government doctors. However, there is no difference between these two groups on the following parameters.

- Applying for other Institutions
- Applying for another Hospital
- Head hunted by another Hospital.

Here, hospital signifies the possibility of the candidate moving from a teaching institution, to a full-time professional practice. Based on the response received on the part on 'Reason for leaving' and 'Looking for another Job,' the following hypothesis has been tested by the researcher.

$H_0$: The intention to leave does not result in the doctors actively taking steps in searching for jobs.

The researcher carried out a Chi-Square test with the data culled from the responses. This is given in Table 4.67.

**Table 4.67: Chi Square Test - Association of Intention to Leave and Search for a New Job**

| Opinion | Searching | Not searching | Total (Row) |
|---|---|---|---|
| No Intention | 33 | 211 | **244** |
| Intention | 47 | 226 | **273** |
| **Total (Column)** | **80** | **437** | **517/517** |

The chi-square statistic is 1.3424. The p-value is 0.24661. (Not significant at $p < .05$.)
The chi-square statistic with Yates correction is 1.075. The p-value is 0.299818.
(Not significant at $p < .05$.)
Since the p value is greater than the level of significance, the Null Hypothesis is accepted. That is, the researcher derives that the 'intention to leave' carried by the doctors does not translate into actions of actively searching for jobs. This points to a condition that the organisations would be able to retain the employee-doctors even if they have an intention to leave, since they are not active in searching for openings to move out of the present organisation.

To verify and confirm this result, the researcher repeated the test by taking another pathway. The instrument has a section on intention to leave, which the respondents answered on a 5-point Likert Scale. If the researcher takes the approach where the average score is greater than 3.5, it is considered that there is an intention to leave. If the average score is equal to less than 3.5, it is taken as there is no intention to leave. This measure is used against the actions taken by the respondents in searching for jobs. The results of a Chi-Square test that was carried out is reported by the researcher. This is given in Table 4.68.

**Table 4.68: Chi Square Test - Association of Intention to Leave and Search for a new Job (Alternate Pathway)**

| Opinion | Searching | Not searching | Total (Row) |
|---|---|---|---|
| No Intention | 70 | 393 | **463** |
| Intention | 10 | 44 | **54** |
| **Total (Column)** | **80** | **437** | **517/517** |

The chi-square statistic is 0.4273. The p-value is .513293.
(Not significant at $p < .05$.)
The chi-square statistic with Yates correction is 0.2069. The p-value is .0.649173.
(Not significant at $p < .05$.) This data also yields the same result as in Table 4.68.

Therefore, the researcher finds that the intention to leave is not a determinant of job-search actions taken by the doctors. By extension, it can be stated that intention to leave is not a determinant of employee retention. Possibly as Stajkovic & Luthans (1998), Steger (2010) argue, the benefits of job security, the retirement benefits, (available in government medical colleges) act as a primary motivator leading to reduced intention to leave and follow up actions for job change. Panda & Srivastava (2014) believe that the stability and benefits offered in government organisations, in terms of paid leave, retirement benefits, healthcare etc., leads to lower levels of attrition. Research has shown that employees who express an intention to leave their current jobs may not necessarily follow through with their intentions. For example, a study by Lee and Mitchell (1994) found that employees who intended to leave their jobs were more likely to stay if they received support from their supervisors. Additionally, Hom and Griffeth (1995) found that only 60% of employees who expressed an intention to leave their current jobs actually quit their jobs within the next year. Hellman (1997) considers that turnover intention is considered as an outcome of affective variables rather than actual turnover, which may be mediated by other variables such as age and tenure.

It has been argued by scholars (Jaros et al., 1993; Muliawan et al., 2009; Tett & Meyer, 1993) that turnover intention can be used as a valid proxy for actual labour turnover in general. The results of studies by Byrne, 2005; Hendrix, Robbins, Miller & Summers, 1998; Steensma, Van Breukelen & Sturm, 2004) provide support for the high significance of turnover intention in determining the individual's actual turnover behaviour.

## 4.7 Summary of Hypothesis

- There is no statistically significant influence among human resource practices on the intention of Doctors to leave their organisation. – Not Accepted.
- There is no statistically significant difference between the four types of organisational culture and employees' intention to leave their present job. – Not Accepted.
- There is no statistically significant difference in reason for leaving their present assignment between doctors working in government colleges and those working in private institutions. – Not Accepted.

- There is no statistically significant difference in Doctors' who are not searching for a new job between the proportion of doctors working in government colleges and those working in private colleges. – Not Accepted.
- There is no statistically significant difference in steps taken to leave the organisation where they are currently employed and the proportion of doctors working in Government and those working in Private Medical Colleges. - Accepted
- The intention to leave does not result in the doctors actively taking steps on searching for jobs – Accepted.

## 4.8 Summary

One key takeaway from this study is that while employee intention to leave is a common occurrence in the workplace, it is important to note that it does not necessarily lead to employee's intention to leave. Organisations can take steps to reduce the likelihood of employee turnover by offering opportunities for career development, providing a supportive work environment, and promoting work-life balance and other such measures.

# CHAPTER - 5
# RESULTS AND DISCUSSION

## 5.1 Findings

The findings of this study in the different categories are highlighted in this chapter giving a clear idea as to where the management will have to concentrate to reduce the intention of leaving among its employees.

### 5.1.1 Findings pertaining to Demographic and Professional Variables

Around 47 per cent of the respondents are between the age group of 31-40 Years with 91 percent of them being married. 66.9 percent of the respondents belong to the nuclear family. More than 77 per cent of the respondents work in Private Hospitals and nearly 80 per cent of the respondents have permanent jobs. Above 25.9 per cent are Senior Professors; 17.9 percent are Associate Professors and Readers; 42.36 per cent are Assistant Professors; 13.5 per cent are Tutors/Demonstrators/ Readers/ Residents/Registrars. 51.8 percent of the respondents are males while 46 are females. 82 per cent have completed post-graduate degrees with 6 per cent having completed doctoral studies and 2 percent have post-doctoral level.

About 11 per cent of the respondents were teaching Obstetrics and Gynaecology subjects followed by 9.5 percent Microbiology. 15.5 per cent of the respondents were taken from PMC Hospital, 11.5 percent from Thiruvannamalai Government Medical College and 12 per cent from Ramachandra Medical College and Vinayaka Medical College respectively. The spread of specialisation from the sample collected was from all the subjects but the highest was in the Gen Med and Neurology with 9.28 per cent. With respect to the clinical and teaching experience of the doctors, 54.7 percent and 42.2 percent were less than 5 years of experience respectively and 19.5 per cent and 26.7 percent from 6 to 10 years of experience respectively. 14.7 percent of the doctors with clinical and teaching experience had 11 to 15 years of experience.

### 5.1.2 Section 1: Effects of Human Resource Practices on Intention to Leave

The Exploratory Factor Analysis applied to 66 variables reduced these variables to 34. Through factor analysis seven predominantly independent factors influencing the one dependent

variable – intention to leave were identified in this study. These are i) Compensation; ii) Work Recognition; iii) Leadership; iv) Relationship with Peers; v) Work Environment; vi) Training and Development; vii) Career Growth and Management; and viii) Intention to Leave. Among these, the relationship with peers (.902) was found to be the dominating factor in the Human Resource Practice of Medical Doctors.

Based on the observations of Discriminant Validity and Reliability, it is concluded that the identified eight factors are reliable and are internally consistent between all the variables and statements. In other words, the independent variables Compensation, Work Recognition, Leadership, Relationship with Peers, Work Environment, Training and Development, and Career Growth and Management reliably predict the dependent variable, Intention to Leave. In the Multiple Linear Regression Model generated, the researcher found that variables Compensation, Leadership, and Career Growth and Management are non-significant while the variables of Work Recognition, Relationship with Peers, Work Environment and Training and Development are statistically significant in determining Intention to Leave. These factors, then, are the determinants of the intention to leave doctors working in medical colleges in Tamil Nadu.

Since our study has focused on medical colleges where faculty double up as physicians and surgeons involved in direct patient care and also in teaching students of the medical colleges, apart from being involved in significant medical research and governance, it is important that senior administrators and those involved in governance must focus on HR ipractices such as Work Recognition, Relationship with Peers, Work Environment and Training and Development. These have been identified through the study as major predictors that determine the intention to leave by the doctors and medical faculty of the respective medical colleges. Keeping this in mind, administrators can address talent retention through an objective performance appraisal system, with external members in the selection committee and all positions after associate professor level being left as ‘open positions’, thereby forcing inhouse prospective faculty compete with other potential faculty from all over the country.

Furthermore, their development of career paths by creating a separate professionally trained administrative cadre for managing the hospital operations and college administrations of the institute from the junior faculty pool or creating separate hospital administration cadre. Professionally trained hospital administration team will ensure implementation of administrative decisions taken by the technical heads of the institutions (Dean and Medical

Director). This would lead to creating a dedicated HR team within each medical college which would address the creation of this admin cadre which would thereby manage career pathways for individual faculty members. Create an ecosystem for research to ensure that a research environment is provided for medical faculty. (Niti Aayog, 2024)

### 5.1.3 Section 2: Influence of Organisational Culture and Intention to Leave

The relationship between organisational cultures which are nominal independent variables ('Clan,' 'Adhocracy,' 'Market,' and 'Hierarchy') and the dependent ordinal variable, 'Intention to Leave.' has also been investigated in this study. There is a difference between five of the six pairs of hierarchies namely the Adhocracy and Clan, Adhocracy and Hierarchy, Adhocracy and Market, Clan and Hierarchy, and Clan and Market type Organisational cultures. However, the Hierarchy and Market cultures pair p-value shows that there is no difference between these two types of cultures. This study has found that the variables of Organisational Culture Viz. Clan, Adhocracy Market, and Hierarchy cultures are not significant predictors of the Intention to leave, there is no significant relationship between dominant characteristics, organisation glue, and strategic emphasis over employee intention to leave. However, there is a significant relationship between organisational leadership, management of employees, and criteria of success over the intention to leave.

The clan type of culture is preferred by doctors working in both Government and Private Medical Colleges such as CMC, Thiruvannamalai, ACS, Karpaga Vinayagar, Adhiparasakthi and Govt. Theni Colleges among the Existing Culture in Tamil Nadu. The Doctors who work in 10 Medical Colleges belonging to both the Government and the Private sector, namely CMC, Thiruvannamalai, ACS, Karpaga Vinayagar, Govt. Theni, SRM, Ramachandra, Muthukumaran, Vinayaga Mission, and Annaporna prefer the Clan type of culture both in existing and ideal. The Medical Doctors working in Private Colleges like CMC, ACS, and Karpaga Vinayagar Medical Colleges prefer a Clan type of Organisational Culture both existing and ideal. The Doctors in the Thiruvannamalai and Theni Government Medical College prefer the Clan type of culture both in existing as well as ideal culture.

As indicated earlier, our study has focused on medical colleges where faculty double up as physicians and surgeons involved in direct patient care and also in teaching students of the medical colleges, apart from being involved in significant medical research and governance, it has been found from our study that most of the medical colleges both

government and private prefer a clan culture (collaborative culture) wherein the general climate is that of a family type organisation adhering to homogenous value system which permeates into the culture. Team work, employee involvement and corporate commitment are the hallmarks of this type of culture (Clan). Furthermore, not only these medical colleges have been identified as having a clan culture, but they prefer to continue with the same culture type (Clan) for the future. In other words, they do not prefer Hierarchical (Control structure), Market (Compete culture) and Adhocracy (Creative culture).

### 5.1.4 Section 3: Effects of Professional Variables on the Intention to Leave

Around 47% of the respondents comprising both Government and Private Colleges have recorded that they are fully satisfied with their college and that they have no intention to leave. Irrespective of the type of college the Doctors work in, it does not influence the intention to leave the current job in the respective hospital/institution. There is however, a difference between doctors employed in government colleges and doctors in private colleges in the aspects of 'Dissatisfaction with the earnings', 'Lack of annual increments' and 'Unhappiness with colleagues/superiors.'

Nearly 85% of the respondents are not actively searching for a new job by choosing the option "Not Applicable". The Doctors working in Government Colleges (107-91.45%) are not as actively searching for a new job as the doctors working in Private Institutions (Figure 2.1 0-82.5%) in Tamil Nadu. The proportion of private doctors (70-17.50%) who have searched for a new job in the last six-month window is double that of doctors working in government hospitals (10-8.55%). The researcher takes the position that affirmative action taken by the respondents towards leaving the present job is an indirect indicator of retention. There is a difference between government doctors and private doctors in activities of placing bio-data on job portals, Head hunted by another Institution, and Approached by a recruiting agency. There is no difference between these two groups in Applying for other Institutions, applying for another Hospital, and Head hunted by another Hospital. The organisations would, through some targeted programmes, be able to retain the doctors even if they have an intention to leave since they are not actively searching for openings to move out of the present organisation. The intention to leave is not a determinant of job-search actions taken by the doctors.

## 5.2 Results of Hypotheses Testing

### 5.2.1 Section 1: Hypothesis Results of Human Resource Practices on Intention to Leave

- **Accept Null Hypothesis:** Compensation does not significantly influence the intention of employees to leave (their current positions).
- **Failed to Accept Null Hypothesis:** Work Recognition does not significantly influence the intention of employees to leave (their current positions).
- **Accept Null Hypothesis:** Leadership does not significantly influence the intention of employees to leave (their current positions).
- **Failed to Accept Null Hypothesis:** Relationship with peers does not significantly influence the intention of employees to leave (their current positions).
- **Failed to Accept Null Hypothesis:** Work Environment does not significantly influence the intention of employees to leave (their current positions).
- **Failed to Accept Null Hypothesis:** Training and Development does not significantly influence the intention of employees to leave (their current positions).
- **Accept Null Hypothesis:** Career Growth and Management does not significantly influence the intention of employees to leave (their current positions).

### 5.2.2 Section 2: Hypothesis of Organisation Culture on Intention to Leave

**Failed to Accept Null Hypothesis**: There is no statistically significant difference between the four types of organisational culture and employees' intention to leave their present job.

### 5.2.3 Section 3: Reasons for Leaving

- **Failed to Accept Null Hypothesis:** There is no statistically significant difference between dissatisfaction with earnings, lack of annual increments, and unhappiness with colleagues/ superiors over the doctors working in government colleges and private institutions.

- **Accept Null Hypothesis:** There is no statistically significant difference between unhappiness with career progression, lack of training opportunities, dissatisfaction with policies, higher pay packet, higher promotion elsewhere, working Hours, starting private practice, dissatisfaction with job nature, delayed salaries, upcoming retirement, and no intention over the  over the doctors working in government colleges and private institutions.

- **Failed to Accept Null Hypothesis:** There is no statistically significant difference in Doctors' who are not searching for a new job between the proportion of doctors working in government colleges and those working in private colleges.

- **Failed to Accept Null Hypothesis:** There is no statistically significant difference in Doctors' applying for a job in the last 6 months between the proportion of doctors working in government and those working in private colleges.

- **Failed to Accept Null Hypothesis:** There is no difference in the proportion of doctors in government colleges and private colleges who are not actively searching for a job.

- **Accept Null Hypothesis:** There is no statistically significant difference in applying to another Institution, applying for a hospital job and Head hunted by another Hospital and proportion of doctors working in government colleges and private colleges.

- **Failed to Accept Null Hypothesis:** There is no statistically significant difference in towards placing bio-data in the job, head hunted by another Institution, and approached by a recruitment agency proportion of doctors working in government colleges and private colleges.

# CHAPTER - 6
# SUMMARY, IMPLICATIONS AND RECOMMENDATIONS

## 6.1 Summary of the Research

The primary objective of this research is to examine the factors that influence employment retention among medical doctors in Tamil Nadu.

A well-defined questionnaire, which focuses on six subsections was created to collect data from 11 medical colleges in Tamil Nadu. By adopting Simple Random and Stratified Sampling Techniques, the data was collected from 517 Medical doctors involved in teaching and research. To analyse the data collected, IBM SPSS version 21 was used. Additionally, there were various tests used to deepen the analysis such as the Kruskal Wallis Test, Mann Whitney U-Test, z-test, chi-square test, Correlation and Regression.

The data analysis showed that those who responded were between the ages of 31 and 40 and were married. Their family system was primarily nuclear in nature. The extent of major respondents were Doctors working in Private Hospitals with permanent employment. Out of these, the majority of them were employed as Professors and Assistant Professors at Christian Medical College and were not availing of the Annual Leave facility.

The Exploratory Factor Analysis identified 8 factors of Human Resource Practices such as; i) Compensation; ii) Work Recognition; iii) Leadership; iv) Relationship with Peers; v) Work Environment; vi) Training and Development; vii) Career Growth and Management; and viii) Intention to Leave (dependant variable). From the factor analysis, it is revealed that the most dominating one was the “Relationship with peers”; which implies that the support from the immediate superior, peers and colleagues also played a role in determining the retention decision of doctors in the respective hospitals. The clan type of culture was preferred by the doctors both in private and Government Colleges.

The well-known reason for leaving the current employment is dissatisfaction with current earnings, which leads to employees looking for new opportunities via recruitment agencies within the last six months. There is also a significant relationship between

"dissatisfaction with present job remuneration" and "trying to find a new job through recruitment agencies".

It was found that the factors of "Human Resource practices" influence Doctors to quit the present work, but the organisational culture like Clan, Adhocracy, Hierarchy, and Market are not major determinants of doctor's Intention to leave. Different family origins, language, leadership style (democratic, autocratic), managing staff (participation, job autonomy, hard work), team spirit, and employee dedication are a few variables that encourage doctors to stay in their current positions at hospitals.

The present study shows that 47% have no intention to leave and 53% have an intention. The study shows that overall, only 15% have initiated steps to leave their present job and this is more pronounced in private medical colleges. As teachers, the intention of doctors to leave appears to follow the pattern of teachers in other subjects too.

There is also no association between the type of college the doctors are working in and their intention to leave the job and seek jobs in another institution. In order to retain the doctors in their respective hospitals, the Management and Human Resource Department must concentrate on developing certain policies relating to developing the career, training to balance work and life, providing awards and appreciation, and providing a conducive work atmosphere with good training opportunities under good leadership.

## 6.2 Theoretical Contribution

This research aims to bridge the gap of the absence of previous research on the intention of teaching doctors to leave arising due to HR practices and Organisational culture. Most existing studies have focused on practising physicians and healthcare professionals and their intention to leave their current jobs. Coniglio, D. M. (2013) studied the factors predicting physician assistant faculty intent to leave the USA. He finds '*organisational support, age, and role conflict as significant predictors of faculty intent to leave.*' In a study in Pakistan, Sahir, M. I., & Phulpoto, N. H. (2018), found '*training & development opportunities, employee recognition, and peer relations, as critical factors affecting the intention to leave employees of the Health Department, including doctors, nurses, and nutrition supervisors.*' In their study in Iran, Rezaee et al. (2019) found that the '*Quality of Work life of the physicians had a greater association with intention to leave.*' LeClaire and others (2022) carried out a study of the intent to leave critical care and non-critical care nurses and physicians from the American Medical

Association and found that '*burnout correlated strongly with Compromised Integrity and the Intent-to-leave.*' In China, Wen et al. (2018) studied the factors influencing turnover intention among primary care doctors and found '*location, age, job title, doctor's position level, work pressure and job satisfaction were associated with turnover intention. Job satisfaction included both employment-related job satisfaction and satisfaction with the job itself.*' In Madrid, Spain Moreno-Jiménez et al. (2012) carried out a study of physicians' intention to leave and showed that '*job stress, and burnout, are important factors in the physician profession and lined (leads) to a higher turnover intention among doctors.*' Martinussen et al. (2020) surveyed physicians working in public hospitals in Norway and found that '*physicians' perceptions of their leaders and the organisational context influence their intention to leave their hospital. Respondents who perceived their leaders as professional-supportive had a significantly lower probability of reporting an intention to leave their jobs. The analysis suggests that organisational context, such as department mergers, weighs in on physicians' considerations about leaving their current jobs.*' Degen, C., Li, J., & Angerer, P. (2015) carried out a literature study of 17 publications from five countries and concluded that '*working hours and psychosocial working conditions*' contribute to a high rate of intention to leave. Koch et al. (2020) carried out a study of young doctors and nurses in German hospitals and found that '*high perceived quality of care and high job satisfaction are both important factors that tend to prevent young physicians and nurses from leaving their professions.*' While only Sahir (2018) finds Training and Development and Work Recognition, other researchers stress burnout, job conditions, leadership, and job satisfaction as key factors impacting the intent to leave across countries The present study shows that in the Indian context, Work Environment, Training and Development, and Work Recognition are the three major factors (in the given order) that determines the intention to leave. All these factors are negatively correlated with the intention of the doctors to leave their present profession (the higher the factors lower the intention to leave). The current study has brought additional factors specifically in the Indian context that contribute to the intention to leave doctors-teachers.

Pololi et al. (2012) conducted a study from 2007 to 2009 covering 4578 samples drawn from 26 medical schools in the USA and found that '*negative perceptions of the culture—unrelatedness, feeling moral distress at work, and lack of engagement—were associated with leaving for dissatisfaction.*' '*Other significant predictors were perceptions of values incongruence, low institutional support, and low self-efficacy.*' Lin et al. (2012) find that *'clan and market cultures were related to emergency physicians' work satisfaction and intent to*

*leave.*' In a study of primary care physicians located in New York City, Chicago, and rural and urban Wisconsin in the USA, Rabatin et al. (2016) observe that *'workplace culture affects burnout which in turn is a factor affecting the intention to leave.*' In his PhD research study, Cranick (2022) showed that '*organisational culture does have an immediate effect on the relationship between transformational leadership and intent to leave. In addition, it was found that transformational leadership and organisational culture have a significant relationship with one another and intent to leave.*' Laiho et al. (2023) find that '*dissatisfaction with organisational factors mainly explains intention to leave.*' The present study shows that most of the Institutions studied have predominantly Clan culture but the results show that Organisational Culture *is not a determinant* of the intention to leave. This finding differs from the near-universal acceptance of organisational culture affecting the intention to leave, employee turnover, and employee retention. Whether this is the current condition across Indian Institutions would require further studies.

As the study is of teacher-doctors, the researcher had a look at the factors that affect the intention to leave for teachers. Tippens et al. (2013) carried out a study to determine the primary factors contributing to the intention to leave the profession among Georgia agriculture teachers They found that teachers *were most likely to leave the profession because of retirement, family, and commitments to children. Teachers were most dissatisfied because of burnout*.' In their paper on the intention to leave for special education teachers in the USA, Conley et al. (2016) find that '*administrative support and teacher team efficacy had strong, significant direct and indirect effects on special education teachers' intentions to leave. Teacher job design/autonomy, poor socio-economic/human conditions, and student disengagement also exerted significant indirect effects through satisfaction and commitment.*' Janik (2015) who studied the intention of secondary school teachers in Namibia to leave found '*poor work-role fit and low psychological meaningfulness both had a direct effect on teachers' intentions to leave.*' Jyoti (2013) conducted a study of the intention to leave for teachers from four universities in North India. He found that *'both job satisfaction and Organisational climate are predictive of intention to leave and have an inverse relation. More importantly, the university teachers have very low intention to leave.*' The previous research shows that the intention to leave for teachers is low.

This research is a comprehensive investigation into the factors influencing doctors' intention to leave medical colleges with a focus on the interplay between organizational culture, HR practices, and retention intentions. The key contributions of this study are given below:

1. **Literature Review:** The study begins by highlighting the existing gap in research, regarding doctors' intentions to leave medical colleges. It draws upon a wide range of previous studies from various countries to provide context and background for the current research.

2. **Originality and Contributions:** The study's originality lies in its merging of the Organizational Culture Assessment Instrument (OCAI) with HR practices, offering a n approach to understanding retention factors specific to medical colleges By integrating these frameworks, the research contributes to a deeper understanding of the dynamics affecting doctors' intentions to leave.

3. **Regression Analysis and Model Validation:** The regression analysis identifies key determinants influencing doctors' intention to leave, with Work Environment, Training and Development, Work Recognition and Relationship with Peers emerging as significant factors. Model validation confirms the importance of organizational factors in retaining medical professionals. The Regression Equation used and the results validating the findings is given

YPpredicted = B0 + B1*X1 + B2*X2 + B3*X3 + B4*X4 + B5*X5 + B6*X6 + B7*X7.

= 4.974 +0.069X1 - 0.254X2 -0.044X3 + 0.124X4 - 0.329X5 - 0.336X6 + 0.031X7.

This adds depth to existing knowledge by pinpointing specific areas for intervention to enhance retention rates.

4. **Relevance to Medical Colleges:** By focusing specifically on doctors in medical colleges, the research offers insights for this context, contributing uniquely to understanding medical education and workforce retention

5. **Organizational Culture Findings:** The study finds that while most medical colleges prefer a "clan" culture, organizational culture does not significantly impact doctors' intention to leave. This finding challenges the commonly held belief that organizational culture strongly influences retention intentions.

6. **Practical Implications:** The study's findings offer valuable insights for healthcare management strategies aimed at enhancing employee retention within medical colleges. Recommendations include addressing issues related to recognition, work environment quality, peer relationships, and training to mitigate turnover intentions among medical staff.

7. **Scale Development:** Additionally, the study creates a new scale of HRM practices using factor analysis, which can be applied not only in the healthcare sector but also in other industries, offering broader implications beyond the medical field.

Overall, this research contributes significantly to the understanding of factors influencing doctors' intentions to leave medical colleges, providing valuable insights for both academia and healthcare management practitioners.

## 6.2.1 Outcome of the Study

The findings of this research work can be used to generate three empirical models which are categorised under three heads which are referred to as Section 1, Section 2 and Section 3 for a better understanding.

### 6.2.1.1 Empirical Model - SECTION 1

The empirical model developed from Section 1 highlights the dominant factors of HRM practices concerning the employee's Intention to Leave. This is schematically represented in Figure 6.1.

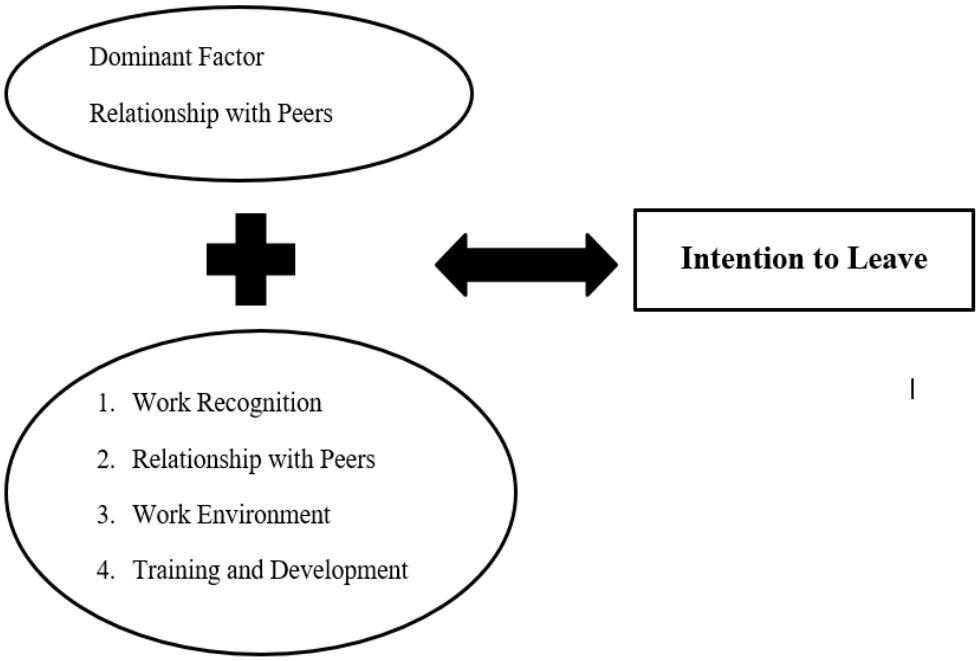


**Figure 6.1: HRM Practices on Intention to Leave**

Seven pre-dominant independent factors influencing HR practices leading towards intention to leave (dependent factor) have been identified. These are Compensation, Work Recognition, Leadership, Relationship with peers, Work Environment, Training and development and Career Growth and management. Among these, 'Relationships with Peers' is observed to contribute the maximum with the highest value in the factor analysis.

This is followed by Work Recognition, Relationship with Peers, Work Environment and Training and Development which are dominant factors that determine the doctors' intention to leave their jobs in medical colleges in Tamil Nadu. Other factors of HRP are compensation, leadership, and career growth and management which are not determinants of a doctor's intention to leave the organisation.

### 6.2.1.2 Empirical Model - SECTION 2

The empirical model developed from section 2, highlights the dominant types of organisational culture with regard to the employees' Intention to Leave.

Figure 6.2 depicts the intention to leave for doctors in the medical colleges of both the Private and Government Sectors in Tamil Nadu. The leadership of any organisation leads to the creation of a good organisation culture in terms of behaviour, discipline, morale, motivation and communication. This is done through planning, communicating, directing, staffing, exercising authority, accountability, responsibility and control.

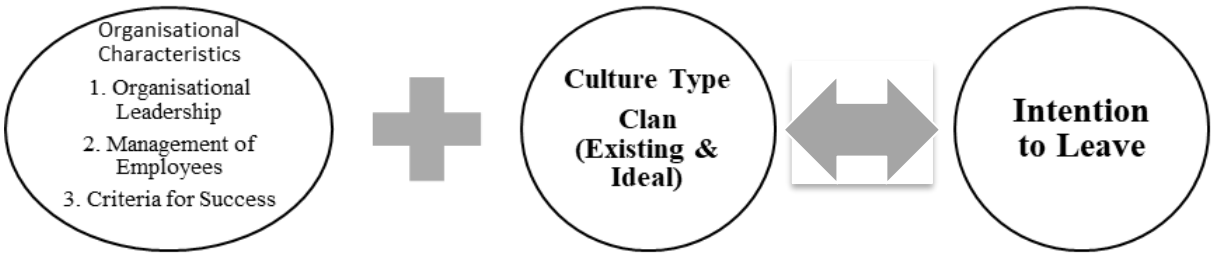


**Figure 6.2: Organisational Culture on Intention to Leave**

This in turn makes the employees stay in the organisation or retain them rather than giving them the idea of intention to leave. The present research study shows that the characteristics of organisational culture play a vital role in overcoming the intention of doctors to leave their jobs voluntarily. The major characteristics that contribute to this are

organisational leadership, management of employees and criteria for success. However, the dominant characteristics of, organisational glue and strategic emphasis do not possess a relationship with intention to leave the job voluntarily (retaining) for the Doctors in Tamil Nadu.

The study also identified that of the four types of culture namely clan, hierarchy, adhocracy, and market, the Clan type of culture was predominantly preferred by doctors in both existing and ideal cultures among Private and Government Medical College followed by the hierarchy culture. The doctors prefer a culture where there is friendly coordination and communication in the spirit of comradery. Clan type of culture helps the Doctor to stay in the same job and the current institution.

### 6.2.1.3 Empirical Model - SECTION 3

While analysing the major reasons for doctors leaving their jobs, the findings revealed that the Doctors migrate to other jobs due to dissatisfaction with remuneration, increments and not being happy with their colleagues and superiors (Figure 6.3). In this case, there is a difference in the outcome depending on whether the doctor is working in the private or the government sector.

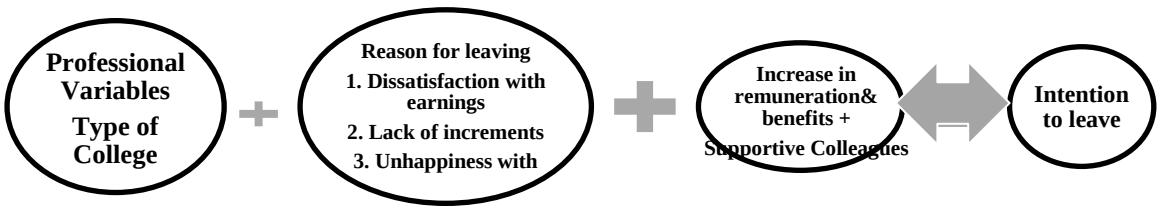


**Figure 6.3 Comparative analysis between "Type of College Working" and "Action Taken for Job Search"**

It was found that Government Doctors were more dissatisfied with their colleagues' participation as compared to doctors in Private institutions. There is no difference between the proportion of doctors working over searching for jobs in the last 6 months and not searching. Further, it has also been revealed that the intention to leave does not result in searching for a

new job. From this study, it can be inferred that an increase in remuneration and incentives accompanied by retirement benefits or Pension together with better coordination and support from their superiors/ colleagues may reduce the intention to leave.

To conclude, Doctors who are driven by effective leaders, good management of employees and good criteria for success help reduce the intention of doctors to leave the organisation. The clan-type culture among the Doctors in a hospital is another major culture that deters the intention to leave. Certain aspects like remuneration, supportive staff and perquisites (increments, medical benefits and pension) will also contribute to reducing the intention to leave their present assignment. Government Doctors are entitled to receive additional benefits like paid leave facilities, pension (retirement benefits) and other healthcare benefits (insurance facility) leading to lower intention to leave

### 6.2.2 Practical Implication and Recommendations

1. Medical colleges should provide an atmosphere that generates and sustains the clan culture:

The research finds pathways for improving real-world outcomes in medical colleges. The study shows that Clan culture is most prevalent in the sample studied. Clan culture is replete with features of loyalty, tradition and heritage, teamwork, collaboration, and communication. All these characteristics lead to enhanced employee motivation and can foster creativity and innovation. The intention to leave is reduced and the retention factor would be high. By its nature, clan culture builds relationships and develops faithful and loyal customers. So, medical colleges should provide an atmosphere that generates and sustains the clan culture. From the point of view of Organisation culture, it has to try to create commitment, trust among the Doctors and achievement towards their hospital vision.

2. Conducive work environment to be provided and sustained:

The study shows that the Work environment is a strong motivating factor that inhibits the intention to leave. The colleges should create a congenial work atmosphere which allows the effective functioning of the doctor-teachers. Availability of adequate and required equipment, the right mix of teaching and administrative workload, collective decision-making, functional autonomy and work-life balance can create a pleasant and friendly atmosphere for the doctor-teachers to give their best to the college. Institutions should endeavour to do this. The hospital has to create a working atmosphere for its smooth running by framing clear-cut

policies and rules for all employees to adopt. The organisation can motivate the Doctors to be innovative in research and patenting by providing the required funds within the institution. The Doctors' choice of the workplace near their hometown and the location of the hospital has certain rules to be registered. The working environment of the Doctors might be equipped with up-to-date technology and proper infrastructure supported by good teamwork headed by their colleagues and department.

3. Continuing medical education and appropriate training and development to be provided:

The second most important factor that influences the intention to leave is Training and Development. The medical field evolves continuously and doctors need to keep abreast of the developments as they unfold. This serves two purposes. The first is the patients in the hospital get the best diagnosis and treatment and the second is that the medical students get updated and current inputs in the field. The Doctors have to update themselves to stay in the same institution and within the same field while competing with other staff members. The management can provide scope for career growth and opportunities for the Doctors by giving more internal as well as external training in the present job. So, institutions must have in place a permanent mechanism which affords the doctor-teachers to upskill themselves constantly. Institutions should seriously take up sponsoring the doctor-teachers for skill enhancement programs, allowing them to attend seminars on a paid basis and other measures to reskill themselves.

4. Adequate work recognition is to be provided:

Work recognition is an important motivating factor across all types of establishments and is found to be true in medical colleges also, in this study. Institutions should focus on creating monetary and non-monetary rewards, and monetary and non-monetary incentives to the doctor-teachers. In order to retain the Doctors in the same institution they have to be paid with high remuneration and flexible working time. The management can fix proper remuneration for the Doctors as per the services rendered along with required allowances/facilities to retain them. The management (HR) has to think about providing adequate increments in regular intervals and fixing fair policies for remuneration as well as for perquisites to retain Doctors and other healthcare professionals. The management has to consider the Doctors' designations and their opportunities with other institutions to retain them. This would reinforce their loyalty to the Institution and lead to reduced employee turnover.

5. Developing medical leaders:

The study finds that leadership is the sole determinant of organisational culture. So, institutions must do several things to develop leaders. It should develop a pipeline of leaders by identifying them early in their career in the Institution, high potential candidates, and groom them to take over leadership positions. This can be achieved by exposing the doctors to leadership skills training on a periodic basis. While placing a doctor as the head of the department or the head of the institution, more than their clinical skills, Institutions should look for persons with people skills and place them in responsible positions so that a good organisational culture is formed by them. Merely identifying and placing people with leadership traits is insufficient to create the right atmosphere. Such persons should be given the freedom to operate and they should not be cramped by constant management interference.

By adopting the suggestions outlined above, medical colleges may be able to attenuate the intention to leave, of the doctor-teachers, leading to improved customer (students and patients in the attached hospital) satisfaction. This would attract more meritorious students into their portals, grow the patient population and lead to making a lasting and impressive contribution to the health sector of the country.

The collected data were processed and analysed in three main categories Human Resource Practices, Organisational Culture and reason for leaving the present job. The following suggestions are recommended from this study based on the analysis.

This study's perspective, suggests providing appropriate leave facilities for the Doctors as per their guidelines. The management can provide scope for career growth and opportunities for the Doctors by giving more internal as well as external training in the present job.

6. Faculty Development Program:

For the Faculty Development Program, it's recommended to prioritise feedback mechanisms that are both constructive and frequent, fostering an environment of continuous improvement. Trust should be cultivated between faculty members and administrators, promoting transparency and mutual respect. Open communication channels should be established to ensure that concerns and suggestions are heard and addressed promptly. Career satisfaction can be enhanced through opportunities for professional growth and advancement within the organisation. Strong mentoring programs should be implemented to provide guidance and support for junior faculty members, facilitating their success in academic medicine. Successful acculturation in academic medicine can be promoted through orientation programs and initiatives that help new faculty members integrate smoothly into the organisational culture and practices.

7. Cultivating Strong Networks of Colleagues:

Establishing a robust network of colleagues is crucial for promoting job retention and success among academic faculty members. Research indicates that colleague relationships serve as strong predictors of various outcomes, including intent to leave, research productivity, publications, career satisfaction, advancement, and retention. Therefore, fostering positive relationships among colleagues should be a priority within academic institutions. Encouraging collaboration, providing opportunities for interdisciplinary work, and promoting a supportive work environment can all contribute to the development of a strong network of colleagues. Additionally, mentorship programs and networking events can facilitate the building of professional relationships and enhance job satisfaction and retention among faculty members.

8. Engaging Faculty in Institutional Governance:

Active participation in institutional governance is vital for fostering a sense of belonging and satisfaction among faculty members. However, when there's a lack of open communication with institutional leaders, discontent among faculty can arise, ultimately leading to intentions to leave. Providing opportunities for faculty to voice their opinions and concerns is essential for effective governance. Yet, if top leaders fail to listen or engage with faculty feedback, it can result in dissatisfaction and alienation. Political clashes and disagreements with leaders further heighten these issues, often serving as major reasons for faculty departure. To mitigate these challenges, institutions must prioritise transparent communication channels, encourage meaningful dialogue between faculty and leadership, and address concerns in a timely and respectful manner. Additionally, fostering a collaborative and inclusive governance structure can help ensure that faculty feel valued, heard, and motivated to remain within the institution.

9. Achieving balance between work and life:

Achieving a healthy work-life balance is a critical concern for faculty members, as balancing family and career responsibilities can significantly impact job satisfaction and retention. Research suggests that dissatisfaction with work-life balance is among the strongest predictors of faculty discontent and intentions to leave academic positions. Therefore, institutions must address this issue by implementing policies and practices that support faculty in managing their professional and personal obligations effectively. By prioritising work-life

balance initiatives, institutions can enhance faculty satisfaction, productivity, and retention, ultimately contributing to a more sustainable and fulfilling academic environment.

10. Enhancing Support Systems for Clinician-Educators:

Support for clinician-educators is essential for promoting excellence in teaching and clinical service within academic institutions. However, the lack of recognition and reward for high-quality teaching and exemplary clinical service can lead to dissatisfaction among faculty members. Additionally, perceptions of inadequate support services and facilities to enable faculty to provide exemplary clinical care to patients contribute to intentions to leave. Lower rates of promotion further augment these issues, ultimately diminishing overall career satisfaction among clinician-educators. To address these challenges, institutions must prioritize the recognition and reward of teaching and clinical excellence, provide adequate support services and facilities, and establish clear pathways for career advancement for clinician-educators. By investing in the professional development and well-being of clinician-educators, institutions can enhance faculty retention and overall academic success.

## 6.3 Limitations and Suggestions for Future Research

### 6.3.1 Limitations of the Study

1. Based on the research study, the researcher stresses that no generalised conclusions can be drawn based on the findings. This is because the survey is limited to only one group of members, the doctor-teachers. The other stakeholders are the students and the supporting non-teaching staff in the Institution have not been factored into this study.
2. In addition, unlike Science and Arts colleges, Engineering colleges or law colleges, the medical college's existence is closely intertwined with the hospital to which the college is attached, where the doctor-teachers and the students carry out / learn clinical practices. So, it is required to study the culture as a composite of the Institution and the coupled hospital.
3. Hospitals have other health professionals like nurses and medical technicians who are not included in this study. In addition to that the customers are the patients and other products and service providers who keep the operations of the teaching hospitals turning.

4. The other limitation is that the sample has included a very limited number of government hospitals. The researcher justifies this, on the premise that government hospitals are regulated by the government's rules, policies, and procedures. For example, the pay scales, the annual increments, and the promotion policies are fixed by the government. There is little leeway for leader-doctors in running the Institution as they are bound by the rigid bureaucratic rules. The study results show that there is a close concordance in the results between the sample government institutions. However, the researcher notes that an exceptionally strong leader can impact the culture, even when bound by the government's regulatory framework. There are good examples of strong leaders emerging and moulding an organisation's culture in public sector undertakings and in government hospitals. In the study, the sample was randomly selected from the pool of government hospitals. The study has not examined how specific leadership traits influence the intention to leave.
5. One other limitation is the geographical limits of the population. All the sampled hospitals are within the southern state of Tamil Nadu.
6. A wider sample spread across the country may support the identification of regional variances if any, which could enable the formulation of proposals for imbibing the appropriate culture for the medical Institutions, that would be useful in practice.

Notwithstanding these limitations, the researcher notes that the study has thrown up results that can be used for the cultural refinement and development of medical teaching Institutions.

### 6.3.2 Suggestions for Future Research

The researcher suggests that to further verify the underlying structure of the HR practices, confirmatory factor analysis can be conducted with another sample drawn from teaching hospitals.

The predictive validity of the tool in determining the influence of the organisational culture and HR practices can be verified after the confirmatory analysis.

The concurrent validity of the study can be gauged by assessing the correlation between the instrument developed by the researcher and other measures of organisational culture and HR practices used to assess the intention to leave. The current sample may have been biased with the larger number of samples drawn from private medical colleges. Future research can

ensure that the study sample is more representative considering that the number of government medical colleges is the same as that of private medical colleges.

Future research can stratify the sample within each college according to the designation of the doctor-teachers. In the present study, the samples are drawn randomly from within each selected college. This type of study would support segregating the intention to leave along the lines of designation. The researcher notes that designations may be moderately correlated with the age of the respondent but the future study can further stratify the sample as suggested here.

To bring in more understanding of the impact of organisational culture and HR practices in general and the teaching hospitals in particular, future research can focus on organisational outcomes emanating from progress in time through a longitudinal study and the impact of factors like work-life balance. A longitudinal study would support the study of the impact of changing cultural dimensions (such as potentially moving from the current hierarchical type to the ideally wanted clan type) and strengthening the existing culture type. (Evidenced through a higher score for the clan type over time.) The present study captures the perception of the respondents. It would be an interesting study to examine the perception of the customers *viz*. the student doctors and the patients arriving at the teaching hospitals. Such a study would aid in evidencing that organisational culture and HR practices impact customer satisfaction and customer retention, which are the growth drivers for any organisation. Medical colleges have many departments and there may exist sub-cultures within one Unit. Such department-level cultures are not examined in this study and this offers a scope for future research.

The existing body of literature has no surfeit of research on organisational culture and HR practices leading to the development of intention to leave by teacher-doctors. More studies of medical colleges examining the impact of organisational culture and HR practices on the intention to leave off the teacher-doctors. With more studies, specific dimensions in this specific area would be uncovered.

The combination of the OCAI and HR practices has been tested on medical colleges in Tamil Nadu. Future research can expand the study to cover the hospitals in India, and in other countries and can be extended to other types of organisations.

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# APPENDIX A: QUESTIONNAIRE

## PART I

**A] Biographical Information**

**A1]** Name ***(Optional)***: Dr _____

**A2]** Gender: ***(Please tick appropriate box)*** ☐Male ☐Female ☐Prefer not to tell.

**A3]** Mother Tongue: ***(Please fill)***: _____

**A4]** Age group: ***(Please tick appropriate box)***

☐25 – 30 ☐31 – 40 ☐41 – 50 ☐51 – 60 ☐61 – 65 ☐More than 65

**A5]** Marital Status ***(Please tick appropriate box and also the type)***

☐ Single (Unmarried / Widow / Widower)

☐ Married / Engaged / in-Relationship

☐ Divorced / Separated

**A6]** Family Type ***(Please tick appropriate box)***;

☐Joint Family ☐Nuclear Family ☐ Single Parent

**A7]** Caste / Community: ***(Please tick appropriate box)***

☐ OC / FC ☐ BC / OBC / MBC ☐ SC / ST ☐ Prefer not to tell.

**B] Professional Profile:**

**B1]** Highest Degree Obtained: ***(Please tick and write the degree obtained & year of passing – Y.o.P)***

☐ Graduate – Degree (example: MBBS/BDS): _____

☐ Post Graduate Degree: (example: MS / MD) _____

☐ Post Graduate Diploma: _____

☐ Doctorate (PhD): _____

☐ Post- Doctoral (example MCh / DM): _____

☐ Any other professional qualification/s (Please write here): _____

(If more than 1, please write all of them in the space provided below)

**B2**] Area of Specialization: ***(Please Write)***: _____

**B3**] Name of College-Hospital now working: ***(Optional):*** _____

_____

**B4]** Type of Hospital / College you are working: ***(Please tick appropriate box)***

☐ Central Government ☐ State Government

☐ Private ☐ Cooperative

**B5]** Department now working in: ***(Please fill)*** _____

**B6]** Subjects taught: **(Tick all applicable)**

☐ Anatomy
☐ Biochemistry
☐ Community Medicine
☐ ENT
☐ Family Medicine
☐ General Medicine
☐ Microbiology
☐ Obstetrics & Gynaecology
☐ Ophthalmology
☐ Paediatrics
☐ Pathology
☐ Pharmacology
☐ Physiology
☐ Surgery
☐ Other (Please mention below)
_____

**B7]** Current Designation / Job title: ***(Please tick the box and the appropriate title)***

☐ Principal / Director / Dean / Medical Superintendent / Head of Institution

☐ Professor / Head of Department / Senior Professor

☐ Associate Professor / Reader

☐ Assistant Professor / Lecturer

☐ Tutor / Demonstrator / Resident / Registrar / Medical officer

**B8]** Number of years of experience in this college: ***(Please fill)*** _____Years

**B9]** (Total) Number of years of teaching experience ***(Please fill)*** _____Years

**B10]** Total Number of years of practice as a Doctor: ***(Please fill)*** _____Years

**B11]** Excluding the present assignment, number of colleges in which you have worked earlier as teaching faculty: ***(Please fill)*** _____

**B12]** Nature of Work (Please tick all applicable and below each please fill approximate percentage of time spend on each activity):

☐ Teaching ☐ Research ☐ Administrative ☐ Medical Practice

_____% _____% _____% _____% .

**B13]** Type of Employment: ***(Please tick appropriate box)***

☐ Permanent ☐ Temporary ☐ Fixed period contract ☐ Others

(If others, please specify): _____

**B14]** Number of promotions received in: ***(Please fill as applicable, else fill "NIL")***

Last 5 years

Last 10 years

**B15]** Number of working days in a standard week: ***(Please fill the number of days)***

Full days: _____

Half days: _____

**B16]** Average working hours on a working day: ***(Please fill – Please ignore on call hours spent)***

On full days: _____ (hours)

On half days: _____ (hours)

**B17]** Average hours spent on, "on-call" duty in a month: _____ (hours)

**B18]** Do you take annual vacation: ***(Please tick appropriate box)***

☐ Yes ☐ No

***(Thank you for providing me with your personal and professional data)***

**Please proceed to the next section: ⇒**

*There are 4 statements in each box. There are 6 boxes in all.*

*Please read each statement A to D and then divide 100 points among these four statements. Give a higher number of points to the statement that is the most similar to your organization. Just be sure that your total equals 100 for each item.*

*Complete the column "Present Rank" to assess the current situation in your organization. After you have completed the "Present Rank" column, rate your organization as you think it should be in 5 years in orders to be spectacularly successful in "Ideal Rank" column.*

**Please proceed to the next section: ⇒**

**Part II**

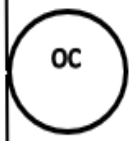
| Sl | Statement 1 (***Dominant Characteristics***) | Present Rank | Ideal Rank |
|---|---|---|---|
| A | The College is a very personal place.<br>It is a lot like an extended family.<br>**Teachers** seem to **share** a lot of themselves. | | |
| B | The College is a very dynamic and entrepreneurial place.<br>**Teachers** are willing to stick their necks out and **take risks.** | | |
| C | The College is very results oriented.<br>A major concern is with getting the job done.<br>**Teachers** are very **competitive and achievement oriented.** | | |
| D | The College is a very controlled and structured place.<br>**Formal procedures** generally **govern what Teachers do.** | | |

OC

*There are 4 statements in each box. There are 6 boxes in all.*
*Please read each statement A to D and then divide 100 points among these four statements. Give a higher number of points to the statement that is the most similar to your organization. Just be sure that your total equals 100 for each item.*
*Complete the column "Present Rank" to assess the current situation in your organization. After you have completed the "Present Rank" column, rate your organization as you think it should be in 5 years in orders to be spectacularly successful in "Ideal Rank" column.*

| Sl | Statement 2 (***Leadership***) | Present Rank | Ideal Rank |
|---|---|---|---|
| A | The **leadership** in the College is generally considered to exemplify **mentoring, facilitating, or nurturing.** | | |
| B | The **leadership** in the College **is generally** considered to exemplify **entrepreneurship, innovating, and oriented focus.** | | |
| C | The **leadership** in the College **is generally** considered to exemplify a **no-nonsense, aggressive, results oriented focus.** | | |
| D | The **leadership** in the College **is generally** considered to exemplify **coordinating, organizing, or smooth-running efficiency.** | | |

| Sl | Statement 3 (***Management of Employees***) | Present Rank | Ideal Rank |
|---|---|---|---|
| A | The **Management style** in the College is characterized by **teamwork, consensus, and participation.** | | |
| B | The **Management style** in the College is characterized by **individual risk-taking, innovation, freedom, and uniqueness.** | | |
| C | The **Management style** in the College is characterized by **hard-driving competitiveness, high demands, and achievement.** | | |
| D | The **Management style** in the College is characterized by **security of employment, conformity, predictability, and stability in relationships.** | | |




*There are 4 statements in each box. There are 6 boxes in all.*
*Please read each statement A to D and then divide 100 points among these four statements. Give a higher number of points to the statement that is the most similar to your organization. Just be sure that your total equals 100 for each item.*
*Complete the column "Present Rank" to assess the current situation in your organization. After you have completed the "Present Rank" column, rate your organization as you think it should be in 5 years in orders to be spectacularly successful in "Ideal Rank" column.*

| Sl | Statement 4 (***Binding Glue***) | Present Rank | Ideal Rank |
|---|---|---|---|
| A | The glue that holds the college together is **loyalty and mutual trust.**<br>**Commitment** to the college **runs high.** | | |
| B | The glue that holds the College together is **commitment to innovation and development.**<br>There is an **emphasis on being on the cutting edge.** | | |
| C | The glue that holds the College together is **emphasis on achievement and goal accomplishment.**<br>**Aggressiveness and winning are** common **themes.** | | |
| D | The glue that holds the College together is **formal rules and policies.**<br>Maintaining a **smooth-running** College **is important.** | | |

| Sl | Statement 5 (***Strategic Emphases***) | Present Rank | Ideal Rank |
|---|---|---|---|
| A | The College **emphasizes human development. high trust, openness, and participation.** | | |
| B | The College **emphasizes acquiring new resources and creating new challenges for faculty.** **Trying new things and prospecting for opportunities** are **valued.** | | |
| C | The College **emphasizes competitive actions** and **achievement.** **Hitting stretched targets** and **winning in the marketplace are dominant.** | | |
| D | The College **emphasizes permanence and stability. Efficiency, control, and smooth operations** are **important.** | | |

OC

*There are 4 statements in each box. There are 6 boxes in all.*
*Please read each statement A to D and then divide 100 points among these four statements. Give a higher number of points to the statement that is the most similar to your organization. Just be sure that your total equals 100 for each item.*
*Complete the column "Present Rank" to assess the current situation in your organization. After you have completed the "Present Rank" column, rate your organization as you think it should be in 5 years in orders to be spectacularly successful in "Ideal Rank" column.*

| Sl | Statement 6 (***Criteria for Success***) | Present Rank | Ideal Rank |
|---|---|---|---|
| A | The College defines success on the basis of the **development of human resources, teamwork, employee commitment, and concern for people.** | | |
| B | The College defines success on the basis of **having** the most **unique or newest teaching methods.** It is a **service leader and innovator in teaching.** | | |
| C | The College defines **success** on the basis of **winning in the marketplace and outpacing the competition.** **Competitive market leadership** is the key. | | |
| D | The **College** defines **success** on the basis of **efficiency. Dependable delivery of education, smooth scheduling of services, and low-cost teaching / treatment are critical.** | | |

**Part III**

| Section I: Compensation and Work Recognition | | | | | | |
|---|---|---|---|---|---|---|
| **Sl. No** | **Statement** | **SA** | **A** | **NAND** | **DA** | **SDA** |
| *SA: Strongly Agree, A: Agree, NAND: Neither Agree Nor Disagree, DA: Disagree, SDA: Strongly Disagree* | | | | | | |
| 1 | My basic Salary meets my expectations. | | | | | |
| 2 | My job is a thankless job. There is **NO** praise or thanks for the job I do. | | | | | |
| 3 | I consider that the total salary that I get is fair for the job I do. | | | | | |
| 4 | Perks & incentives (Example: HRA, DA, Late night Allowance, subsidized Canteen, Uniform, Stitching Allowance, Car Driver, Books & Periodicals allowance, Professional bodies fees, soft loans etc.) given for my work makes my job worthwhile. | | | | | |
| 5 | I get emotional recognition for the job I do. | | | | | |
| 6 | The leave facilities offered does **NOT** meet my requirement. | | | | | |
| 7 | The total compensation I get is reflective of the contribution that I make for the Institution. | | | | | |
| 8 | The Institution gives annual monetary rewards (like bonus) based on my performance, which I feel is reasonable. | | | | | |
| 9 | The Institution gives non-monetary rewards based on my performance and I find it adequate. | | | | | |
| 10 | During service time, the college offers adequate medical benefits for self and family. | | | | | |
| 11 | College offers good post-retirement benefits (like pension, gratuity, provident fund, leave encashment, free medical treatment for self and spouse.) | | | | | |
| 12 | The Pay system provided is not at par with other colleges - it is **NOT** competitive, fair and equitable | | | | | |

| Section II: Relationship with Superiors and Peers | | | | | | |
|---|---|---|---|---|---|---|
| **Sl. No** | **Statement** | **SA** | **A** | **NAND** | **DA** | **SDA** |
| *SA: Strongly Agree, A: Agree, NAND: Neither Agree Nor Disagree, DA: Disagree, SDA: Strongly Disagree* | | | | | | |
| 1 | I trust my immediate superior in my Institution. | | | | | |
| 2 | Communicating with my superior is difficult. | | | | | |
| 3 | I am convinced that my superior has my best interest in his mind. | | | | | |
| 4 | My colleagues are **NOT** able to get along with my superior. | | | | | |
| 5 | All my seniors are supportive of my career development in the college. | | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| 6 | My superior does appraisal of my performance on a regular basis. | | | | | |
| 7 | Many times, the communication that I get from my superior is confusing. | | | | | |
| 8 | When required, my superior gives me constructive criticism and adequate feedback. | | | | | |
| 9 | There is a periodic communication about the happenings in the College from my superior. | | | | | |
| 10 | I find it difficult to communicate / share my thoughts with my colleagues. | | | | | |
| 11 | I get adequate feedback about my performance from my students. | | | | | |
| 12 | My colleagues find me approachable and willingly share their personal and professional concerns with me. | | | | | |

| **Section III: Work environment** | | | | | | |
|---|---|---|---|---|---|---|
| **Sl. No** | **Statement** | **SA** | **A** | **NAND** | **DA** | **SDA** |
| ***SA: Strongly Agree, A: Agree, NAND: Neither Agree Nor Disagree, DA: Disagree, SDA: Strongly Disagree*** | | | | | | |
| 1 | There is always an atmosphere of fear in the College | | | | | |
| 2 | Equipment is well maintained in order for me to do my work effectively. (Library, Laboratories etc.) | | | | | |
| 3 | My workplace is healthy, clean and well-organized. (Class rooms, Staff rooms, Consulting room in hospital and other infrastructure) | | | | | |
| 4 | I have complete autonomy at work. (No daily interference by my seniors / management in actions taken by me.) | | | | | |
| 5 | Supporting services in the college is **NOT** good. | | | | | |
| 6 | I am encouraged to publish research papers, attend seminars the cost of which is borne by the college. | | | | | |
| 7 | My teaching load allows me to attend to patients in the hospital and also carry our research activities. | | | | | |
| 8 | Bureaucratic paper work, and other administrative works does **NOT** eat into my teaching / research and hospital time. | | | | | |
| 9 | There is good team work within our department and in the college on the overall. | | | | | |
| 10 | My superior involves me in decisions affecting my department / college and I am able to freely give my frank opinions to them at such times. (Participative style is present.) | | | | | |
| 11 | Many of my colleagues and including me are affected by work related stress which has also resulted in lifestyle diseases for me. | | | | | |
| 12 | I would be very happy to spend the rest of my career with this organization for I feel that the College's problems are my own and I really care about the fate of this College and I feel proud to be associated with this College. | | | | | |

| Section IV: Training & Development | | | | | | |
|---|---|---|---|---|---|---|
| **Sl. No** | **Statement** | **SA** | **A** | **NAND** | **DA** | **SDA** |
| *SA: Strongly Agree, A: Agree, NAND: Neither Agree Nor Disagree, DA: Disagree, SDA: Strongly Disagree* | | | | | | |
| 1 | Paid leave is given for higher studies by my management. | | | | | |
| 2 | The management gives personal leave (leave without pay / sabbatical) to pursue higher studies, after completion of which I can come back and join the college | | | | | |
| 3 | I am nurtured professionally through regular training and lifelong learning in my workplace. | | | | | |
| 4 | Training is provided regularly and they are of direct relevance to my job. | | | | | |
| 5 | **NO** external training programs (such as outside faculty development programs / exchange programs with foreign hospitals) are there in our college, they are mostly done in-house. | | | | | |
| 6 | In our college, training is provided to all employees, irrespective of cadre and / or other considerations. | | | | | |
| 7 | Facilities such as counselling on personal and work related problems are **NOT** available in our college. | | | | | |
| 8 | Training covers only scholastic inputs. **NO** training is provided on other aspects of life, like lifestyle management (personal, family, finance) that are useful for life outside the college. | | | | | |
| 9 | Innovation and Creativity are generally not encouraged in our college. "Conformism" is the norm. | | | | | |
| 10 | Avenues for Job enlargement / enrichment through exposure to challenging responsibilities and learning of new skills is there in my college. | | | | | |
| 11 | Consistent training covering new developments by doctors in other areas of specialization is organized in our college. | | | | | |
| 12 | Stress reduction programs towards one's health care (like availability of a gym / recreation centre) etc. are provided by the College. | | | | | |

| Section V: Career Growth and Management | | | | | | |
|---|---|---|---|---|---|---|
| **Sl. No** | **Statement** | **SA** | **A** | **NAND** | **DA** | **SDA** |
| *SA: Strongly Agree, A: Agree, NAND: Neither Agree Nor Disagree, DA: Disagree, SDA: Strongly Disagree* | | | | | | |
| 1 | The College's appraisal system develops my confidence and trust. | | | | | |
| 2 | This College has career development activities offered by HR department to help me identify/improve abilities, goals, strengths and weaknesses. | | | | | |
| 3 | Conditions of employment guarantee job security in this College. | | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| 4 | My management does not have objection in my running a private practice. | | | | | |
| 5 | There is a **NO** clear-cut succession planning for promotion in my college. | | | | | |
| 6 | Promotions in this College are by an large based on merit. Interplay of Caste / Community / External Influence considerations are minimal in determining promotions. | | | | | |
| 7 | Work schedules are flexible enough to allow me to attend to my personal issues, when needed. | | | | | |
| 8 | College Management provides for social and family events on a periodic basis (annual / bi-annual / quarterly) | | | | | |
| 9 | Formal Conflict Management / grievance redressal mechanisms are provided by HR in our college. | | | | | |
| 10 | HR department in our college is pro-active in their approach. | | | | | |
| 11 | The college management does **NOT** encourage cultural diversity, gender diversity in staff recruitment. | | | | | |
| 12 | My college has well laid out and clear cut policies on the various aspects of HR management. | | | | | |

**Part IV**

| **Intention to Leave** | | | | | | |
|---|---|---|---|---|---|---|
| **Sl. No** | **Statement** | **SA** | **A** | **NAND** | **DA** | **SDA** |
| ***SA: Strongly Agree, A: Agree, NAND: Neither Agree Nor Disagree, DA: Disagree, SDA: Strongly Disagree*** | | | | | | |
| 1 | I am fully satisfied with my college and I have no intention to leave | | | | | |
| 2 | I think a lot about leaving the college. | | | | | |
| 3 | I am now in search of a job outside my college. | | | | | |
| 4 | If and When opportunity comes up, I shall leave my present job in this college. | | | | | |
| 5 | I would recommend a friend searching for a job to join this college. | | | | | |
| 6 | I very often feel that there is little I can gain by remaining in this College. | | | | | |
| | | | | | | |

| **Reason for leaving** | | |
|---|---|---|
| ***If at all you are planning to leave your job in this college, what would be the reason/s? Please select top 5 reasons.*** | | |
| **Sl. No** | **Statement** | **Please Tick** |
| 1 | I am fully satisfied with my college and I have no intention to leave | |
| 2 | Dissatisfaction with my earnings. | |
| 3 | Dissatisfaction with the College's policies. | |
| 4 | Unhappiness with career progression in the college. | |
| 5 | Lack of training opportunities. | |

| | | |
|---|---|---|
| 6 | Dissatisfaction of the nature of present job. | |
| 7 | Working hours in my job. | |
| 8 | Unhappiness with my colleagues / superiors. | |
| 9 | A higher promotion offered elsewhere. | |
| 10 | A higher pay packet offered by another Institution. | |
| 11 | To be closer to my native place / spouse's native place. | |
| 12 | For starting private practice. | |
| 13 | Upcoming retirement due to superannuation. | |
| 14 | Lack of periodic salary reviews by management / absence of annual increments. | |
| 15 | Delayed release of salaries. | |

| *If you have looked for another Job (within the last 6 months) – Please tick.* | | | |
|---|---|---|---|
| **Sl. No.** | **Statement** | **Yes** | **No** |
| 1 | I have applied for a transfer to another department in my college. | | |
| 2 | I have applied for a higher post within my college. | | |
| 3 | I have applied for a job in another Institution. | | |
| 4 | I have applied for serving in an hospital. | | |
| 5 | I have placed by Bio-Data in job portal/s on the web. | | |
| 6 | I have been head hunted by another Institution. | | |
| 7 | I have been head hunted by a hospital for working as a Specialist / Consultant. | | |
| 8 | I have been approached by a recruitment agency. | | |
| 9 | Not applicable | | |

# APPENDIX B: APPROVAL LETTERS FOR DATA COLLECTION

Ref No: 012754/ME1/1/2020

Directorate of Medical Education
Kilpauk, Chennai – 10
Dated : 10.08.2021

Sub: Medical Education – Dr. Samuel N J David, Senior Manager (Management Studies & Staff Training) Christian Medical College, Vellore - Permission for collect data for the study of "why medical doctors stay / leave a medical college in Tamil Nadu in India" from 52 medical colleges – Granted- Orders issued.

Ref: 1. Letter received from Dr. Samuel N J David, Senior Manager (Management Studies & HR) & Head, Department of Hospital Management Studies & Staff Training, Christian Medical College, Vellore Dated: 07.12.2020.
2. G.O. (Rt.) No.752, Health and Family Welfare (MCA 2) Department Dated: 23.07.2021.

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A copy of Government letter in the reference cited is enclosed herewith for information and necessary action.

The Deans of the Medical colleges under the control of this Directorate are directed to act as per the Government order in the reference cited and also collect the necessary fees as prescribed in the G. O. (D) No. 1258 Health and Family Welfare (MC-2) Department, Dated: 20.11.2014 in one lumpsum.

Encl: As in the ref. 2nd cited.

Deputy Director of Medical Education

To:

All the Deans of Government Medical Colleges
under the control of this Directorate.

Dr.Samuel N J David,
Senior Manager (Management Studies & HR ) & Head,
Department of Hospital Management Studies & Staff Training,
Christian Medical College, Vellore.

ABSTRACT

Medical Education - Dr.Samuel N J David, Senior Manager (Management Studies & HR) & Head, Department of Hospital Management Studies & Staff Training, Christian Medical College, Vellore- Permission to collect data for the study of 'why medical doctors stay / leave a medical college in Tamil Nadu in India' from 52 medical colleges – Granted – Orders – Issued.

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HEALTH AND FAMILY WELFARE (MCA.2) DEPARTMENT

G.O. (Rt.) No.752

Dated:23.07.2021
பிலவ வருடம்,
ஆடி மாதம் 07-ம் நாள்
திருவள்ளுவர் ஆண்டு 2052

Read

1. G.O.(D) No.1258, Health and Family Welfare (MC-2) Department, Dated 20.11.2014.

Read Also :

2. From the Director of Medical Education, Chennai, Letter Ref.No. 012754 /ME1/1/2021, Dated 03.03.2020

*****

ORDER :

In the circumstances stated by the Director of Medical Education in his letter second read above, the Government permit Dr.Samuel N J David, Senior Manager (Management Studies & HR) & Head, Department of Hospital Management Studies & Staff Training, Christian Medical College, Vellore to collect the data for the study of "why medical doctors stay / leave a medical college in Tamil Nadu in India" from 52 medical colleges including 26 Government medical colleges subject to payment of fees prescribed in the Government Order first read above and subject to the other terms and conditions in force.

2. The Director of Medical Education is directed to take necessary action, accordingly.

(BY ORDER OF THE GOVERNOR)

J. RADHAKRISHNAN
PRINCIPAL SECRETARY TO GOVERNMENT

To
The Director of Medical Education, Chennai – 600 010,
The Deans of the medical colleges thro'
Director of Medical Education, Chennai-10.

Dr.Samuel N.J. David, Senior Manager (Management Studies & HR) & Head,
Department of Hospital Management Studies & Staff Training,
Christian Medical College, Vellore.

Copy to

The Special Personal Assistant to Hon'ble Minister for
Health and Family Welfare, Chennai – 600 009

The Health and Family Welfare (Data Cell) Department, Chennai-600 009

Stock file/ Spare copy

// FORWARDED / BY ORDER //

SECTION OFFICER

23/7/12

# LIST OF PUBLICATIONS

- "Review: Pay for Performance – An essential element of Compensation Management" - Dr. Samuel N J David, Dr. Raghunathan, Ms. Sonia Valas, Mr. Arun Bennet Samuel and Ms. Arivuselvee V J has participated and presented in the 13th International Conference on PIMR-G "Industry 4.0 and key drivers of Sustainable Global Business Practices (ICSGBP) – Hybrid Mode" held on 8th to 10th Jan, 2022 at Gwalior. icsgbp@prestigegwl.org- Yet to be published.
- "HR Retention Practices in Hospitals - Validating the Measurement scale" - Dr. Samuel N J David, Dr. Raghunathan and Ms. Sonia Valas has published in International Journal of Research in Business Management (IMPACT: UJRBM), ISSN: 2347-4572; Vol-9, Issue-6, June 2021, pp.1 to 8
- "Assessing Organization Culture: A Review on the OCAI Instrument" Dr. Samuel N J David, Ms. Sonia Valas and Dr. Raghunathan has been presented and published in the International Conference on Management and Information Systems (ICMIS - 2018) conducted by AIMS International in collaboration with INFOMS and Chitkara University held at Thailand on Sep 21 - 22, 2018.

# BIOGRAPHY OF THE CANDIDATE

Dr. Samuel N. J. David, M.A. (Eco.), M.A. (PM & IR), M.Sc (Psy), MBA, M.Phil (HHSM), Honorary Doctor of Divinity (DD), [PhD] has worked as Associate General Superintendent and Sr. Manager & Head of Department of Hospital Management Studies & Staff Training and Development, Christian Medical College (CMC), Vellore for 36 years. He has years of administrative experience in various departments such as PRO, Stores, OPD, Personnel, Staff Training, etc at CMC Vellore. He has also worked in corporate hospitals in HR namely International Hospital of Bahrain and more recently as Director (HR) in Pacific International Hospital, Papua New Guinea.

He teaches Strategic Management, Services Marketing, Health Economics, Hospital Operations Management, Human Resource Management, Organisational Behaviour and Ethics on these courses. Instrumental in handling large workforces, maintaining a peaceful & amicable work environment in the organisation, and initiating measures for the benefit of people in the organisation.

He was a member of various institutional committees such as Fund Raising, Purchase, Quality, Safety and others. He worked with other departments, including Missions Office and Chaplaincy in organising many international conferences for the institution. He oversaw various management programmes in affiliation with various prestigious institutes such as BITS Pilani, TISS, LIBA, XLRI etc. As an academician, he has covered various management subjects including ethics for allied health sciences students and Postgraduate Nursing students.

He has authored/ co-authored books for training and academic purposes in the areas of hospital management, healthcare quality, healthcare finance and food safety and quality, which are in the publication pipeline. He has attended numerous conferences and workshops and published papers to his credit. He was involved in writing an academic textbook titled “Hospitals and Healthcare Finance” which was conceived and edited along with 3 other authors which is due for publication in 2023. He also edited and co-authored a book on “Management for Hospitals” which is due for publication in 2023. He has contributed a chapter entitled “Strategic handling of the COVID – 19 Crisis in the Christian Medical College, Vellore – A Case Study 193” in a book called “Perspectives in sustainable management practices” along with other authors, a publication of Routledge (Taylor and Francis group). He has also co-authored a publication in “Global Health: Science and practices” entitled UDHAVI community support during India’s second COVID-19 wave: A descriptive study on a tertiary care centre’s pandemic response helpline, along with other others.

He was recently in June 2023 honoured with an honorary doctorate in Hospital Administration, Education and Social Work by the World Human Rights Protection Commission, New Delhi.

Recently, he has taken on more responsibility and is currently working as Associate Director (HR) and Admin, Christian Medical College Hospital, Ludhiana.

# BIOGRAPHY OF THE SUPERVISOR

Raghunathan is a Professor in the field of Strategy and Entrepreneurship. He has been associated with BITS-Pilani since 1999. He completed Masters in Foreign Trade in 1997 (Bharathiar University), M.Phil. (Management) in 2001 (BITS, Pilani) and Ph.D. in 2006 (BITS, Pilani). He has served twenty years as faculty member in the Department of Management, Birla Institute of Technology and Science, Pilani, Pilani Campus. For the past five years he is associated with the Department of Economics & Finance, Birla Institute of Technology and Science, Pilani, Hyderabad Campus.

He has a broad teaching experience of over twenty-four years in various fields of Management. His research interests include SoTL, entrepreneurship, strategy, business negotiations and managerial skills and competencies. He has been identified as one of "The top 50 Flipped Learning Leaders in Higher Education Worldwide" for the year 2018 by Flipped Learning Global Initiative (FLGI). He is currently guiding four Ph.D. students and has supervised semester-long dissertations for final year students of engineering and management and public health.

Apart from organising national and international conferences, he has participated and presented papers in a number of conferences. He has worked in several committees and projects at university, campus and departmental level which includes, Vision 2020: Mission 2012, Mission 2015; Co-ordinator "Project Lakshya" (Strategy planning exercise for BITS Pilani in consultation with The Boston Consulting Group-BCG); Co-ordinator, Performance Management System Redesign Project; Interviewer, Senior Guest Faculty Recruitment; Non-teaching Staff (Review & Promotion) Committee; Restructuring of Non-teaching Staff Designations Committee. He is the founder member of Center for Entrepreneurial Leadership (CEL) BITS-Pilani, Pilani Campus; BITS Pilani Consulting Club (Pilani Campus), BITS Pilani Consulting Club (Hyderabad Campus).